The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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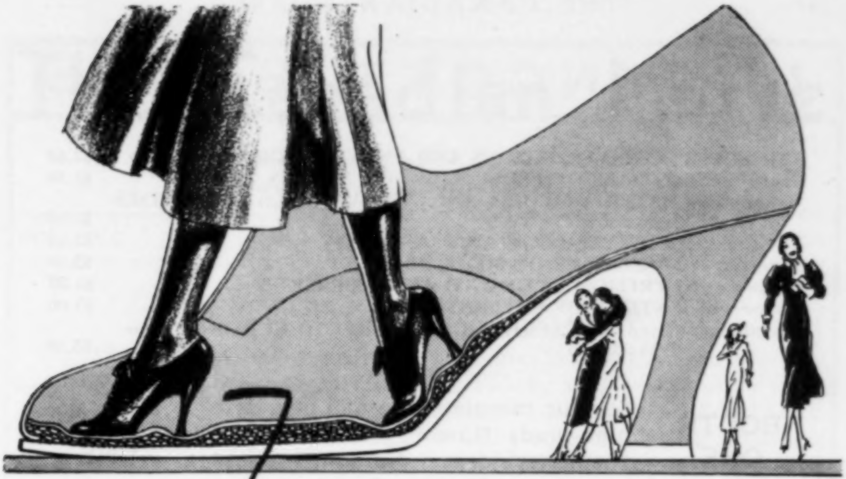

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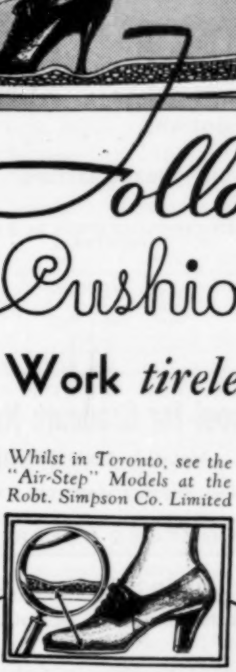

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXX MONTREAL, QUE., JUNE, 1934 No. 6

A QUARTER OF A CENTURY

The Canadian Nurses Association has attained its quarter century mark. Twenty-five years is a long time in a young country like Canada. Visitors from lands where they reckon in hundreds or even thousands of years, smile at our enthusiasm over a church or a fort or a dwelling which is over a hundred years old. But after all what is this childish pride but the first stirrings of what will some day be our Canadian tradition, a putting down of strong roots into our native soil?

Nursing in Canada is much more than twenty-five years old. This month there will be celebrated in Saint Catharines, Ontario, the sixtieth anniversary of the founding of the Mack Training School of the General and Marine Hospital, the first school of nursing in Canada. And that is not the beginning. In 1641, Jeanne Mance of whom it has been truly said: *She was a nurse by nature, a trained nurse by experience and inclination and by vocation from God,* had already entered upon her pioneer task. What is it, then, that we mean when we say that this is our Silver Jubilee?

The Vision and the Dream

We mean that twenty-five years ago our nursing leaders and chief among them, the Founder of our National Association, Mary Agnes Snively, caught the vision of an united national professional group. There were already many organizations of nurses scattered about the country but there was then no official link between them. The new movement gained momentum from the impulsion given it by the Founder and President of the International Council of Nurses, Ethel Gordon Fenwick, and it is of interest at this time to quote her letter which appeared in *The Canadian Nurse,* in June, twenty-six years ago.

> 421 Oxford St., London, W.
>
> Dear Miss Crosby: When are you going to have a National Council of Nurses of Canada? It is time. Why not start, and come into affiliation with the International next year, 1909, when we hope to have a splendid meeting. Denmark, Holland, and Finland have already applied for affiliation. Our Colonies and Dominions are behind in women's organizations—they are too parochial. The world is a very wee place, and too many narrow circles attempt to ignore that fact.
>
> ETHEL G. FENWICK, *Hon. President,*
> The International Council of Nurses.

The Canadian Nurse of today pays a cordial and admiring tribute to its distinguished correspondent of over a quarter of a century ago, whose burning zeal and passion for the establishment of nursing as a true profession, the world over, is in no way dimmed nor abated by the passing of the years.

Leadership

At the forthcoming Biennial Meeting of the Canadian Nurses Association to be held in Toronto from June 25 to 30, the history and accomplishments of our national association will be traced by means of the spoken word and by pageantry. Full information concerning the programme has already been given in the pages of the *Journal* and no attempt will be made here to anticipate what the programme committee has to offer. It may not be out of place, however, to say a word of appreciation at this time concerning the woman who is responsible for the general direction of that programme as well as of other activities of the Canadian Nurses Association at this time; we refer to the president, Miss Florence H. M. Emory. Her term of office, which has extended over four years, has been coincident with important developments and great economic stress in the nursing field. It has been a time to try men's souls and no greater compliment could be paid Miss Emory than to say that she has risen magnificently to the occasion. Her courageous leadership has always been tempered with patience, humour and common sense and she has amply proven her right to a place among the other distinguished women who, from time to time, have served the Canadian Nurses Association loyally and well in the capacity of president.

Miss Florence H. M. Emory,
President, Canadian Nurses Association.

Miss Emory would herself be the first to point out that nursing leaders all over the country, and especially in Toronto, have collaborated in building up the programme for our Silver Jubilee and would ask that they, too, should receive acknowledgment of their contribution. This will certainly be accorded them in due course and, in the meantime, Canadian nurses will rest assured that the deliberations of the General Meeting at Toronto which mark the twenty-fifth anniversary of the Canadian Nurses Association will be guided by a woman and a nurse who has shown herself to be worthy of that responsible task.

PLAN YOUR JOURNEY

If you are going to take your vacation and attend the Biennial at the same time you will be interested in making the most of your resources both in terms of time and money. On page 277 you will find the announcement of the American Express Company, an internationally known agency whose function it is to make travel easy and pleasant. Their representatives will be in attendance at the convention hall in Toronto to help you *plan* for post-convention excursions. Why not write *today* to the American Express Travel Service, 1188 St. Catherine St. W., Montreal, and ask for help in *planning* your whole journey to the best advantage. It pays to get expert advice.

DIET IN DIABETES MELLITUS

RUTH PARK, B.A., Director, Dietetic Department, The Montreal General Hospital.

Diabetes is a disorder of nutrition and, in the majority of cases, is readily controlled by diet alone. The discovery of insulin has, therefore, not lessened the responsibilities of the dietitian. At their best, special diets do not conform to the normal dietary habits of the individual, and a frequent change of diet to avoid monotony and the temptation to break diet is essential. In addition, as most diabetic menus must be quantitative, there are other difficulties, but, fortunately, as I propose to show, many of these difficulties are more theoretical than practical.

Long experience with many hundreds of diabetics in the clinic for diabetes at the Montreal General Hospital has taught us that a knowledge on the part of the patient of carbohydrate, protein, fat and caloric values of food materials is not essential. As a matter of fact, experiences have repeatedly taught us that insistence upon the education of the patient, either beyond his will or capacity, leads more often to failure than to success and appears to account appreciably for failure to lower the mortality, in spite of the proven efficiency of present-day dietetic and insulin treatment.

When Dr. Rabinowitch first thought of dispensing with scales and with teaching patients the mathematics of diet, we were very apprehensive about the results. For quite a number of patients, however, there was no alternative. Many had little or no education and amongst those who were reasonably well educated there were language difficulties because many of our patients are foreigners. Dispensing with scales and mathematical manipulations was therefore forced upon us because of the difficulty of teaching these scientific methods of calculation.

The education of the patient regarding his diet is begun shortly after his arrival in the hospital. In the accompanying illustrations are shown the units of measurement with which each patient is supplied in order to evaluate the food materials.

1. One block of wood three and a half inches square and half an inch thick representing one slice of bread weighing approximately 30 grams and containing 18 grams carbohydrate and 3 grams protein.
2. One block of wood three and a half inches by one and a half inches and half an inch thick representing one serving, or 45 grams lean meat and containing approximately 12 grams of protein and 5 grams of fat.
3. One block of wood one inch square and half an inch thick representing one square or 10 grams butter and containing approximately 8 grams of fat.

The units representing a teaspoon, dessertspoon, a potato, a soda biscuit, a banana, an orange and a grapefruit are made of light weight bristol board and are fastened together in compact form. The patient sees the actual amount of food allowed and served at each meal and is thus enabled to check it up with these units, and in this way learns to visualize the amount of food he should have.

Such methods may at first seem inexact and radical but we soon found that, with very few trials, it was possible to educate the average child of eight years, and foreigners who could not speak English, to select the proper quantity of food with an error of about 15 per cent. This appeared to be a large and dangerous error, but again theory did not agree with practice for, in spite of it, we found that urines were kept free of sugar in the majority of cases. It was, therefore, of interest to find the cause of the satisfactory results. This was found to be due to the marked variations of the compositions of food materials.

By chemical analyses, Dr. Rabinowitch found that no matter how carefully diets were weighed, patients received as much as 25 per cent more or less of carbohydrates than prescribed. In some cases, the error was as high as 50 per cent. Data obtained more recently by Lawrence and

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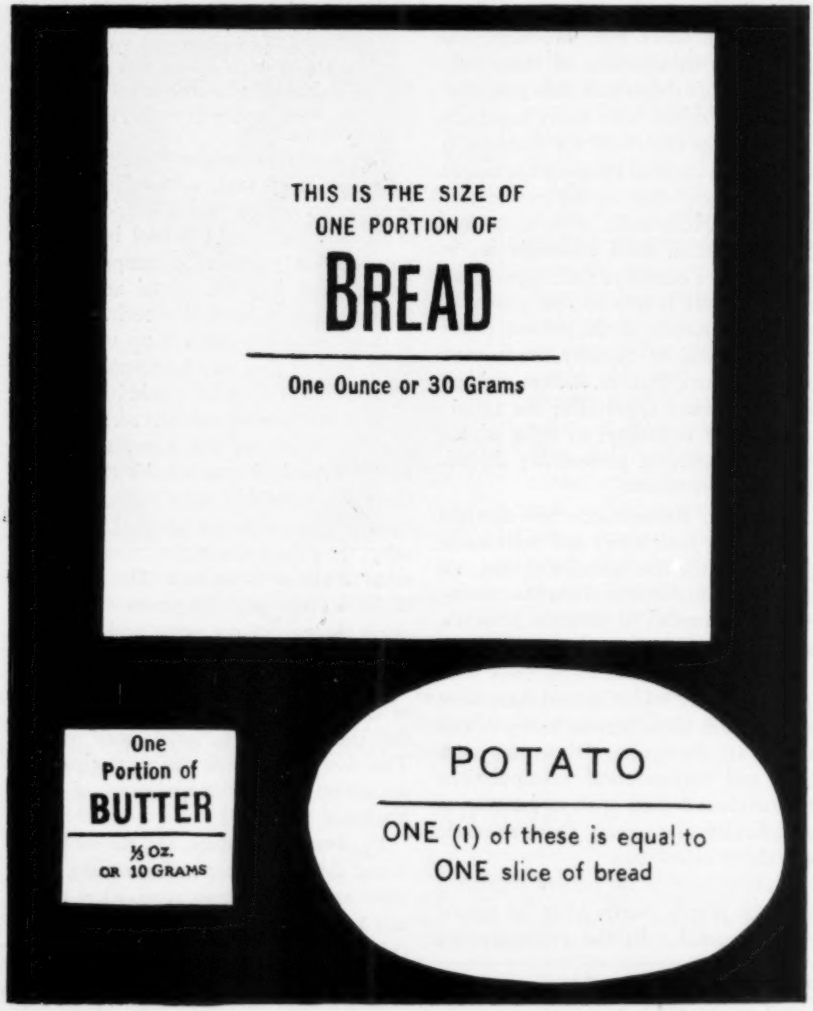
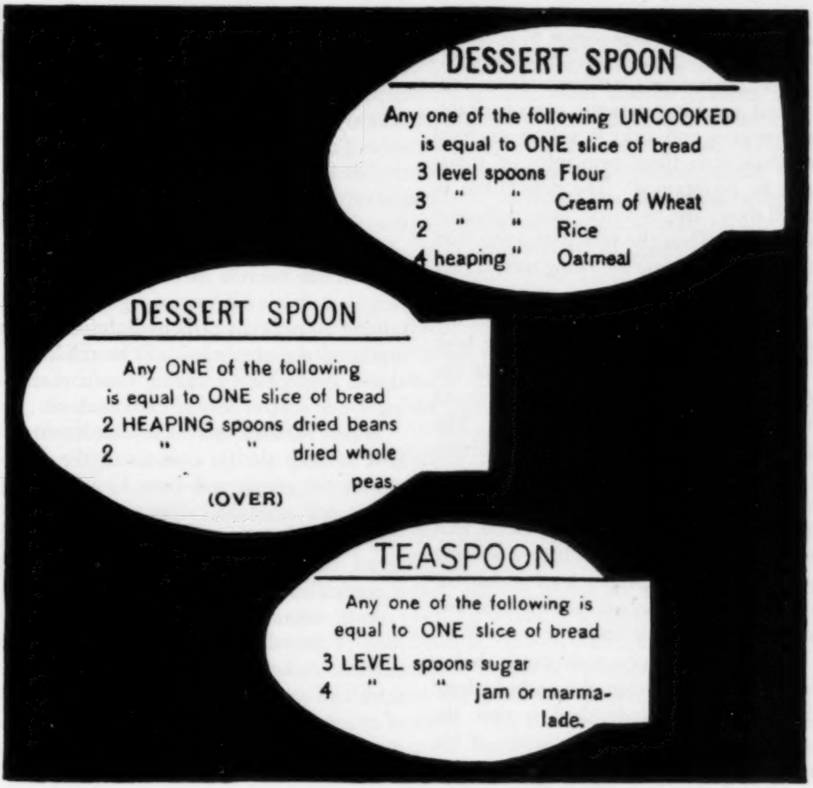
(An address given at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec, Montreal, January, 1934.)

McCance in England, and Dr. Rabinowitch's own analyses, further emphasized the differences between apparent and true values of food materials. By better methods of chemical analyses, utilizable carbohydrates can be differentiated from non-utilizable carbohydrates, and when celluloses, hemi-celluloses, pentosans and hexosans are subtracted from the *total* carbohydrate content of food materials, many so-called 5 per cent fruits and vegetables become one per cent or less; many 10 per cent vegetables and fruits become 5 per cent or less; and, in some cases, 15 per cent fruits and vegetables not only become 10 per cent, but, in some cases, less than 5 per cent.

With the high carbohydrate-low calorie diet which has now been in use for more than four years in our clinic, errors due to dispensing with scales and mathematical manipulations are reduced still fur-


THIS IS THE SIZE OF
ONE PORTION OF
BREAD
One Ounce or 30 Grams
One
Portion of
BUTTER
⅓ Oz.
OR 10 GRAMS
POTATO
ONE (1) of these is equal to
ONE slice of bread



DESSERT SPOON

Any one of the following UNCOOKED is equal to ONE slice of bread

3	level spoons	Flour
3	" "	Cream of Wheat
2	" "	Rice
4	heaping "	Oatmeal

DESSERT SPOON

Any ONE of the following is equal to ONE slice of bread

2	HEAPING spoons	dried beans
2	" "	dried whole peas.

(OVER)

TEASPOON

Any one of the following is equal to ONE slice of bread

3	LEVEL spoons	sugar
4	" "	jam or marmalade.

ther, because of the inappreciable influence of an error of 10 to 15 grams of carbohydrate upon the total carbohydrate content of the diet. With the fat content of the diet reduced to about 50 grams, we have found that diabetics who ordinarily could tolerate no more than 50 or 75 grams of carbohydrate without glycosuria were able to tolerate 250 grams or more. The principles underlying this diet and its effect upon the metabolism of the diabetic have been dealt with by Dr. Rabinowitch in his book* on diabetes and publications elsewhere. For purposes of brevity, they will, therefore, not be dealt with here.

The following is an outline of our treatment with this diet which again demonstrates that scales and mathematical manipulations are not necessary. This treatment is recommended because it has now stood the test of experience for four years and there are over a thousand patients who are taking this diet. Regardless of the type of diet, the principles of treatment of diabetes are the same:

Firstly, the caloric intake must be adequate.

Secondly, the amount of carbohydrates must be within the carbohydrate tolerance of the individual.

Thirdly, nitrogen equilibrium must be maintained.

Fourthly, the ratio of fatty-acid to glucose must be such as to avoid ketosis, that is, the appearance of acetone, diacetic acid and beta-hydroxybutyric acid in the urine.

In addition to these requirements, if the high carbohydrate low calorie diet is to be

---

(**Diabetes Mellitus*, by I. M. Rabinowitch, D.Sc., M.D., C.M., F.R.C.P.(C.); published by the Macmillan Company of Canada.)

used successfully, the fat content of the diet for the day must be kept within 50 grams per 24 hours.

How, therefore, without scales and without teaching patients carbohydrate, fat, protein and caloric values of food materials, can these principles of treatment be maintained? The difficulties, as I shall show, are, as stated, more apparent than real. Thus the best indication that caloric requirements are being met, is that the individual is able to maintain the body weight which is normal for the height, age and sex. If the weight is kept 5 or 10 pounds below the normal for the height, age, and sex, the principle of undernutrition is also maintained. The best indication that nitrogen equilibrium is being maintained is that the individual can perform his ordinary duties without undue fatigue. The best indication that the ratio of fatty-acid to glucose is being maintained at the proper level is that the urine is free of acetone, diacetic acid and beta-hydroxybutyric acid.

The best indication that the carbohydrate intake is within the carbohydrate tolerance of the individual is that the urine is free of sugar and, lastly, if the following rules are adhered to, the fat content of the diet will be kept within the limits allowed for the high carbohydrate-low calorie diet:

1. Cream, fatty meats and fish of all kinds (bacon, ham, salmon, sardines, etc.) are forbidden.
2. The total amount of meat or fish for the day is limited to two servings, each being approximately one and one-half ounces or 45 grams.
3. The butter is limited to three portions a day, each portion being about one inch square and three-eights of an inch thick or about 6 grams.
4. The milk is limited to one and one-half glassfuls or 12 ounces a day.

The carbohydrate content of the diet is controlled as follows: in view of our newer knowledge of the carbohydrate content of fruits and vegetables, these foods are no longer divided into 5, 10, and 15 per cent. All fruits and vegetables are grouped together and only those of very high carbohydrate content are excluded (potatoes, peas, beans, etc.). Patients are allowed an average serving of fruit three times a day and an average serving of vegetables twice a day from the list allowed and are instructed to vary the type of fruits and vegetables daily. If this rule is followed, there is no danger of excess intake of carbohydrates from these foods because at one meal the patient may have a fruit or vegetable containing 10 per cent carbohydrate, and the intake at the next meal will be rendered almost negligible by taking one containing 5 per cent or less of carbohydrate.

When patients thoroughly understand how to keep the fat content of the diet within 50 grams and how to vary the fruits and vegetables, the remainder of the diet is explained. This is made up of bread, the carbohydrate intake of which is controlled by expressing the break intake in terms of units. One unit is a slice of bread approximately three and one-half inches square and one-half inch thick and weighs about one ounce. Bread, of course, varies in texture and with these dimensions, such breads may weigh more, and others less, than one ounce. The average is, however, one ounce. When the bread is added to the diet, it is increased at the rate of one slice a day until the caloric requirements of the individual are met. It may here be observed that caloric requirements are not calculated on a theoretical basis, that is, according to age, sex, and body surface. The caloric content of the diet depends upon the amount necessary to maintain body weight about 5 or 10 pounds below the normal for the height, age, and sex of the individual. If the urine cannot be kept free of sugar under these conditions, insulin is given.

As Dr. Rabinowitch has pointed out, our experiences with this new diet appear to be incompatible with the present conception of the physiology of carbohydrate metabolism and the pathology of diabetes.

The incontestable fact is that glycosuria is more readily controlled with this diet than those of lower carbohydrate and higher fat content. Glycosuria is more readily controlled without insulin. Compared with the published data of other clinics, relatively few of our patients are taking insulin; but, perhaps, the best proof of the value of the diet is the clinical condition of the patient. With the high carbohydrate diet, the diabetic feels better and looks better. This diet is particularly suitable for juvenile diabetics who take better to carbohydrates than to fat and, also, for adults with heart disease, because the heart is supplied with that food which it requires for proper functioning, namely, carbohydrates. It thus acquires a proper store of glycogen. It also appears to be ideal for the gall bladder type of diabetes, probably because of its low fat content.

Even the high carbohydrate-low calorie diet, though much more attractive than the diets of low carbohydrate-high fat content of the past can, in time, become monotonous. Very few patients care for nine or ten or more slices of bread day in and day out. To avoid monotony, diets must be varied, but, fortunately, with this diet, there is very little difficulty. Dispensing with bread permits the use of a variety of cereals, fruits, vegetables and other foods of high carbohydrate content. Intelligent patients are also taught how to substitute cream and fatty meats for the articles of diet ordinarily allowed. For example, a fairly large potato weighs about 3 ounces and contains about 18 grams of carbohydrate. It may, therefore, be substituted for one slice of bread. A fairly large serving of cereal contains no more than about 18 to 20 grams of carbohydrate and, therefore, may be substituted for one slice of bread. However, before patients are permitted substitutions, they must thoroughly understand the diet in terms of bread.

My purpose in this report is to outline briefly the present method of treatment of diabetics in the clinic for diabetes at the Montreal General Hospital. A high carbohydrate-low fat diet has replaced the high fat-low carbohydrate diet of the past, and the results are very satisfactory. With this diet, it is not necessary to teach patients carbohydrate, fat, protein and caloric values of food materials as it was in the past; nor is it necessary to use scales. Proof of this statement is found in the health of our patients, in the small percentage who require insulin and — most important of all criteria — in our mortality statistics.

ONTARIO ANNUAL MEETING

The ninth annual meeting of the Registered Nurses Association of Ontario will be held on Monday, June 25, 1934, at the Royal York Hotel, Toronto. This year the annual meeting will only be a one-day session, held immediately prior to the Biennial Meeting of the Canadian Nurses Association. There are important questions to be discussed in the morning and in the afternoon an interesting and instructive programme is being arranged. It is hoped that the members will endeavour to attend this one-day meeting and help to make it a success.

THE FLORENCE NIGHTINGALE MEMORIAL

GRACE M. FAIRLEY, Convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association.

Since the announcement of the two scholarships which are available for members of the Canadian Nurses Association, interest in the Foundation seems to have spread as is evidenced by the response to the appeal from the various provinces. Since the last report was published, in the May issue of the *Journal*, the following donations have been received and the Saskatchewan Registered Nurses Association has notified the convener that their contribution of two hundred dollars will be forwarded at a later date.

Alberta

Medicine Hat Graduate Nurses Association	$10.00
Staff of Grande Prairie Hospital	5.00
Miss J. McGowan, Fairview	1.00
Mrs. O. M. Findlay, Red Deer	1.00

British Columbia

Mrs. Ernest Rogers, Vancouver	25.00
Nanaimo Hospital and district public health nurses	18.00
Trail Tadanac Hospital, Trail	12.00
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St. Luke's Hospital, Powell River	11.00
Vancouver Medical Association	10.00
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Overseas Nursing Sisters Assn., Vancouver	10.00
Anyox General Hospital	10.00
Kimberley Public Hospital	10.00
Matsqui-Sumas Hospital, Abbotsford	8.50
Bella Coola General Hospital	8.00
Mrs. F. G. C. Wood, Vancouver	5.00

Manitoba

Winnipeg General Hospital Alumnae Ass'n. (to be given as five annual grants of $100.00)	500.00
St. Boniface Hospital Alumnae Assn. (to be given as five annual grants of $25.00)	125.00
Brandon Graduate Nurses Assn.	10.00

Ontario

Toronto Western Hospital A.A., Toronto	25.00
Grant Macdonald Alumnae Association, Toronto (total payment)	25.00
McKellar General Hospital Alumnae Association, Fort William	10.00
St. Luke's Hospital Alumnae Association, Ottawa	10.00
Lady Stanley Institute Alumnae Association, Ottawa	10.00
Riverdale Hospital Alumnae Association, Toronto	10.00
Florence Nightingale Nurses Association, Windsor	5.00
Lord Dufferin Hospital A.A., Orangeville	5.00
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Ross Memorial Hospital Alumnae Association, Lindsay	5.00
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Nicholls Hospital Alumnae Association, Peterborough	5.00
Belleville General Hospital Alumnae Association, Belleville	5.00
Wellesley Hospital Alumnae Association, Toronto	5.00
St. John's Hospital Alumnae Association, Toronto	5.00

This list is not complete since it acknowledges only the donations already received at the date on which the JOURNAL *goes to press.*—Editor.

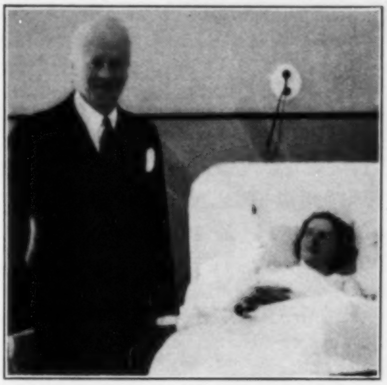
THE FLORA MADELINE SHAW MEMORIAL FUND

For the Advancement of Nursing Education

A Scholarship of $250 (two hundred and fifty dollars), is offered to a Registered Nurse in good standing, to enable her to follow a course at the School for Graduate Nurses, McGill University, Montreal, during the session of 1934-1935. For application forms, write to Miss E. Frances Upton, Suite 406, 1396 St. Catherine St. West, Montreal. Applications will be accepted until August 1st, 1934.

HIS EXCELLENCY

On the occasion of Lord Bessborough's recent visit to the Deer Lodge Military Hospital in Winnipeg, a pleasant incident occurred. Mrs. Phyllis Lawrie (better known to the nursing sisters as "Bill" Peyton) while lying in her room, where she has been confined for many long, weary months, had a delightful though surprising caller in the person of His Excellency the Governor-General, who chatted for some time with her, learning that she graduated in 1916 from the School of Nursing of St. Boniface Hospital, Winnipeg, and proceeded that same year overseas with the C.A.M.C. She confessed that when she realized who her distinguished visitor really was "my heart just pounded." Unknown to her a press photographer took the accompanying photograph which shows her admiring His Excellency who, she says, "is a very charming gentleman and so kind."



The Governor-General Visits an Invalid Nursing Sister.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

Overseas Sisters are looking forward to a great reunion during the week of the Biennial Meeting of the Canadian Nurses Association, June 25 to 30, at the Royal York Hotel, Toronto. Sisters from the Overseas Nurses Club of Toronto will be on duty at one section of the registration bureau during the sessions. The garden party in honour of the Overseas Sisters will be given by Sir Joseph Flavelle at his residence, Holwood, Queen's Park, on Wednesday afternoon, June 27, and a business luncheon will be held in the roof garden of the Royal York Hotel at 12.30 on Thursday, June 28. Tickets for the luncheon and the tea will be available at the registration bureau. Do not miss the beautiful and historic Pageant of Nursing in Canada which will take place on Friday evening, June 29, in the Concert Hall of the Royal York Hotel. Forty nursing sisters will appear in the scene depicting the Riel rebellion, the South African War, and the Great War.

Toronto: The National Executive of the O.N.S.A. wishes to notify the Nursing Sisters that a business luncheon will be held in the roof garden of the Royal York Hotel, at 12.30 p.m., on Thursday, June 28. We understand also that His Honour the Lieutenant-Governor and Mrs. Bruce are entertaining the O.N.S.A. at a garden party on Wednesday afternoon, June 27, *when full sized medals or ribbons will be in order*. No ribbons or medals will be worn for the general banquet or at any other time.

Toronto: The Toronto Unit of the Overseas Nursing Sisters Association of Canada held a very successful bridge at Christie Street Hospital on April 27, when Matron Hartley and Miss Ruby Hamilton, President of the Unit, received the members with their husbands and friends. The large reception room, gay with flowers, was filled with tables and late-comers overflowed into the hall and dining room. Gatherings of the Unit are never stilted, formal affairs and it sounded more like one hundred than just over fifty tables of players. All the refreshments were donated as well as eight lucky number prizes, which were awarded to those fortunate ones who found a number stuck to the bottom of their saucer. Imagine the chagrin of the polite people who had handed on their cup of coffee to some one else who, later, found it had a number. The executive and social committee may well feel happy over the success of this annual function of the Unit.

OPPORTUNITY BECKONS

If a census were to be taken of the nurses who take postgraduate courses given under the auspices of Canadian universities, it would probably be found that the majority of them choose to major in public health nursing. While a fair number elect to qualify themselves for positions as instructors, relatively few appear to be interested in the professional opportunities in the field of general supervision and teaching in hospitals and schools of nursing.

Why the Preference?

There must be underlying reasons which determine these preferences and it is the purpose of this article to discuss them briefly. The attraction which public health nursing has for many nurses is not difficult to understand. Its human interest, its freedom from institutional restraint, its regular hours and relative security of tenure all combine to make it desirable. Until recent years the field itself was extending rapidly and promotion might confidently be expected. Naturally the young forward-looking graduate nurse found that here was a gateway to professional advancement. So indeed it still is although, for the present at least, the expansion of public health services is definitely curtailed by lack of economic support and the demand for workers is much less than the supply.

Meanwhile there is another avenue, far less crowded, which would perhaps repay more exploration than has hitherto been given it. What has the field of teaching and supervision in hospitals to offer? Interesting and absorbing work, comfortable living conditions, relative economic security and an opportunity to acquire the difficult art of instructing and directing other people. It is true that institutional life has its drawbacks in that it interfers with the liberty to come and go as one pleases. It is also true that the hours are long and the work is sometimes exhausting but these conditions are slowly but surely being remedied in good hospitals. The chances for promotion are just as good and perhaps better than in the public health field and there is always opportunity to specialize in some phase of nursing in which individual aptitudes and talents can find full scope.

The Need of Standards

The public health field and that of education and administration both have much to offer and university postgraduate courses are now available in Canada whereby women can qualify themselves for both. Why is it that the courses in public health are eagerly sought while those in teaching and supervision in hospitals attract only a handful? It is suggested that one reason is this: nurses entering the public health field are required to qualify themselves by taking postgraduate work and preference is given to those who, all other things being equal, have the best professional and academic preparation. In the hospital field, with the possible exception of instructors, no such postgraduate preparation is usually insisted upon. Head nurses, and even supervisors, are sometimes selected on the basis of executive ability alone, without enquiry as to their capacity or willingness to teach, though teach they must since their departments are staffed largely by students.

The turn-over in hospital nursing staffs before the depression was notoriously high. It was the exception rather than the rule to find nurses who had occupied the same position for five years. This fact in itself showed an undercurrent of dissatisfaction. There was evidently not that sense of permanence or of solidarity and pride which is experienced by those who feel themselves to be the members of a picked group. And the administrative and teaching staff of a hospital should be the product of a highly selective process; they should be a picked group. They should be strong, intellectually, professionally and personally.

Who Should Set Them?

Ought there to be standards for admission to the higher ranks? Would it be reasonable to expect that aspirants should possess more professional preparation than is afforded in the basic nursing course? If this is demanded in the public health nursing field, it seems logical to require it from those entering upon the equally responsible and complex task of teaching and supervising in hospitals. The setting up of such standards is manifestly the responsibility of the national and provincial nursing organizations. These could be worked out in active co-operation with the directors of nursing service. Within the hospital itself a continuing process of selection could be carried on whereby the most promising members of the graduate staff could be encouraged and, if necessary, financially assisted, to take postgraduate work which would qualify them for promotion and assure the hospital of a nursing personnel of a very high order.

It is not suggested that all nurses holding hospital positions should be obliged to take postgraduate courses in universities. There are many excellent nurses, giving service of incalculable value to the hospital, who would not benefit by such courses if they took them. Their ability is of a different order and is developed by other than academic means. But women who are to be charged with the teaching and direction of students do not belong to this category. It is they who need the intellectual stimulus offered by the universities and who should be encouraged to seek it.

Why Not in Canada as Well?

It goes without saying that the universities must be prepared to offer a well-integrated course, rich in content and directed by able teachers. But before such courses can be firmly established the need for them must be felt both by nurses themselves and by the hospitals which employ them. The response to the offer of the Nightingale Memorial Foundation Scholarship has been such as to demonstrate the keen interest of our younger nurses in matters of education. Are there not some of these who, while not having the good fortune to win the privilege of going overseas, might find nearer home the very opportunity they are seeking?

SASKATCHEWAN ANNUAL MEETING

The seventeenth annual meeting of the Saskatchewan Registered Nurses Association was held in Moose Jaw, on April 5 and 6 with a registered attendance of ninety-six. The business of the Association occupied the first day with the following interesting items: a decision to continue the work of the employment committee, the announcement of Miss Nellie Goodman of Regina as the scholarship student for 1934, and the appointment of two delegates to the Biennial Meeting of the Canadian Nurses Association. The Florence Nightingale Memorial was discussed and the sum of two hundred dollars voted from the Association. After considerable discussion it was decided to appoint an inspector or visitor of nursing schools, the position to include the work of the secretary-treasurer and registrar of the Association and, if possible, her duties to begin next September. The problems of the private duty nurse were presented on the second day of the meeting by Miss M. Chisholm, Saskatoon; Miss D. Kerr, Regina; Miss H. Jolly, Regina, and Dr. V. Black, Moose Jaw. The eight-hour day for private duty

Institute of Public Health
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nurses was approved and plans made for publicity with regard to it. Interesting addresses were given by Mr. G. N. Griffin of the Moose Jaw Normal School as the guest speaker at the dinner meeting on Thursday evening and by Mrs. A. M. Walker of Regina at the last session of the meeting. The officers elected for 1934-35 were: President, Miss Edith Amas, Saskatoon; First Vice-President, Miss Elizabeth Smith, Moose Jaw; Second Vice-President, Sister Clotilda, Moose Jaw; Councillors, Miss Jean McDonald, Regina; Miss Edith Stocker, Saskatoon; Chairmen of Sections: Nurse Education, Miss A. Lawrie, Regina; Public Health, Mrs. E. M. Feeny, Saskatoon; Private Duty, Miss M. Chisholm, Saskatoon.

Correspondence

Canadian and English Nurses

The nursing problem and an indication of a preference for the clinical rather than the theoretical type of trained nurse were two interesting subjects recently dealt with by two prominent doctors at a meeting of the Victoria Graduate Nurses Association. Their practical advice to the nurse as to the best way to meet the unemployment situation was to extend her sphere of usefulness. The knowledge of stenography, bookkeeping, laboratory technique and social service would give her more opportunities for employment. The financial stress which precludes the employment of the private duty nurse forecasts a growing need for the institutional nurse; postgraduate work and refresher courses are therefore worthwhile and all those who can should avail themselves of them.

The idea that a "nurse is born and not made" was not fully endorsed by the second speaker. Anyone who takes up nursing with the idea of working hard and paying attention to detail will make a competent nurse. Good appearance, putting themselves in the patient's place and being able to sense the doctor's point of view, giving a concise and comprehensive report of the patient without confusion are all essential characteristics of the competent nurse. A comparison between Canadian and English nurses was drawn which should prove interesting to the sister nurses of Canada. The speaker claimed that the training of the English nurse is essentially clinical, the discipline is very strict and only the strongest and keenest can stand the strain. A great many of the sisters (nurses in charge of wards) dedicate their lives to their work and have rooms adjacent to their wards in which they make their homes. The Canadian nurses' training is inclined to emphasize the theoretical. They seem too learned, very good hearted and very young. The practical side of the training, the actual bedside work should be better emphasized, thought the speaker. The members of our association found these opinions of two of our leading medical men very stimulating and would like to submit them for the consideration of the readers of *The Canadian Nurse.*

Jean D. Moore,
Representative to *The Canadian Nurse*, for the
Victoria Graduate Nurses Association.

Hello, Calgary!

Let the East congratulate the West on the compliment paid you in the April *Journal*. Oh yes! the private duty section in Saint John is alive and just beginning to creep. We have met three times in the past year and I think the Chapter wished that they had "let sleeping dogs lie." We have dealt with eight-hour duty, reduction of fees, the employment of non-registered nurses and made a disturbance generally. At our next meeting we are to have the high lights of the private duty section of the Weir Report and a "waist line" social. We have a treasurer, so we must have funds.

A Voice from Saint John, N.B.

We Know Just How She Feels

Please renew my subscription to the *Journal*. I like most of it very much—but not "Off Duty"—it makes me feel dizzy.

M. L.,
Nova Scotia.

THE EDITOR'S DESK

Made in Canada

With what we hope is a pardonable pride, the *Journal* presents this month its special Silver Jubilee number. Whatever its faults, it has at least one virtue: *it has been made in Canada.* In that respect, if in no other, it is worthy of the important occasion which it celebrates—the twenty-fifth anniversary of the founding of the Canadian Nurses Association of which *The Canadian Nurse* is the official organ. Every page, with one exception, has been written by, or in collaboration with, Canadian nurses. This one exception is Miss Ruth Park's excellent article on the dietetic management of diabetes mellitus, and Miss Park is one of our foremost Canadian directors of dietetic departments in hospitals and therefore belongs to the family. Under the caption of "The selection of student nurses and the integration of mental hygiene in their course" will be found an account of an important educational experiment carried out jointly by the staff of the Mental Hygiene Institute of Montreal and the teaching staff of the School of Nursing of the Royal Victoria Hospital. This report was prepared by the following collaborators: W. T. B. Mitchell, M.D., director of the Mental Hygiene Institute of Montreal; Harriet Mitchell, B.A., Reg. N., director of parent education of the Institute; Given Peden, B.A., psychologist of the Institute; E. Bell Rogers, Reg. N., member of the teaching staff of the School of Nursing of the Royal Victoria Hospital. It was presented by Miss Rogers at the International Congress of Nurses in Paris and was stated by competent authority to have been one of the most scholarly and scientific contributions made to that programme. The collaboration of physicians, psychologists and nurses has, in this instance, been productive of excellent results. An adventure in nursing in the Canadian Labrador is vividly described by Miss Anna May Jowsey and, by way of royal recognition of nursing, His Excellency the Governor-General himself is portrayed as a kindly visitor to an invalid Canadian military nursing sister.

Our Advertisers and Exhibitors

The added cost of this issue of the *Journal* has been met by an increase in our advertising. We take this opportunity of thanking our advertisers and of drawing to the attention of our readers the announcements in our pages of the various firms, all of them dependable, and all of them good friends and supporters of the *Journal*. A partial list of firms whose products will be on exhibition at the Biennial Meeting in Toronto will be found on another page. Unfortunately this list cannot be complete because the *Journal* goes to press before all arrangements have been concluded. One word more: it costs money to advertise and to display exhibits. The firms who thus demonstrate their belief in the buying potentialities of nurses have a right to a fair deal. Visit the exhibits, read the advertisements and select your purchases accordingly. You will not go far wrong. By the way: tell them you "saw it in *The Canadian Nurse*."

The Journal at the Biennial

We expect to have a desk all our own at the Biennial. It will be so placed that there will be no opportunity of escape from signing on the dotted line. A register will be available in which all members of our regional committees and all "representatives to *The Canadian Nurse*" from the various nursing organizations are urgently requested to inscribe their names and addresses. The editor would greatly appreciate an opportunity of meeting these nurses who by their understanding and untiring support have given her courage for her task. A large receptacle (not the editorial waste paper basket) will be provided in which you are requested to drop brickbats and, perhaps, an occasional bouquet.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

SELECTION OF STUDENTS AND INTEGRATION OF MENTAL HYGIENE IN THE CURRICULUM

W. T. B. MITCHELL, M.D.; HARRIET MITCHELL, B.A., Reg. N.;
E. B. ROGERS, Reg. N.; GWEN PEDEN, B.A.

The following is a preliminary report of a study begun in October, 1931. It represents a co-operative piece of work between the staff of the Mental Hygiene Institute of Montreal and the teaching staff of the Royal Victoria Hospital Training School for Nurses. This study is an experiment in the selection of student nurses and in the integration of mental hygiene in the training course of a general hospital. When instituting the study the writers had in mind the following questions:

1. Is it possible to find some simpler, less expensive, more effective process for the selection of student nurses other than that generally applied at present?
2. How may mental health principles and knowledge be effectively integrated in a general hospital nurses' training course?
3. How may our knowledge of personality growth and the significance of personality deviations from mental health be incorporated as to permit the making of this thirty-six months' training a significant period in the personality development or mental growth of the individual nurse?

All writers familiar with present conditions in nurses' training schools apparently agree in regretting the financial loss and waste effort involved in the elimination, before completion of the course, of a considerable percentage of the group who enroll in these schools. The larger part of this loss occurs during the first year of training and of course represents, so far as the hospital is concerned, a total loss.

A survey of the school considered in this report indicates that for six years, 1924 to 1929 inclusive, 501 students entered the school; of these 346 graduated and 155 did not complete the course. The average percentage of each class failing to graduate in these six years represented 30.90 per cent of all students entering the school. A conservative estimate of the average cost to the school is two hundred dollars for each of the students resigned or dropped from the course. The loss thus amounts in the six years to thirty-one thousand dollars, or over five thousand dollars in each year. This figure is considerably less than the actual loss, since it is calculated on an average number of days in the school for each pupil nurse of ninety and on the basis of an annual cost of eight hundred dollars. For the students eliminated during the entire course of training the average number of days in the school would be considerably higher than ninety.

It is probably fair to assume that the experience referred to in the preceding paragraphs represents that of the great majority of training schools maintaining reasonably high standards of accomplishment. Hence the need for some more accurate means of determining the student risks that are assumed by the hospital training school.

In planning the various aspects of this study it seemed desirable that means should be used to provide, as completely as possible, estimates of the intellectual capacity and the personality status of each pupil tentatively accepted for training. In addition to the original source of information, namely the application forms, it was decided to use three additional approaches to this problem. It was understood that the information obtain-

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(A report presented to the International Council of Nurses at its Congress held in Paris and Brussels in July, 1933, by Miss E. B. Rogers.)

ed from these additional studies of the individual pupil was not to be used as a means of selection during the early stages of the study, but was simply for the information of the writers. The selection in the classes included in this report was made as formerly and quite independently of any test results.

The three approaches used in addition, of course, to the physical health examination in estimating the quality of the pupil material were:

1. Formal tests, of which two were employed: (a) the psychological examination (Thurstone) for the purpose of giving some indication of intellectual capacity; (b) the personality inventory (Bernreuter) for the purpose of obtaining some leads regarding the personality status.

2. A psychiatric interview.

3. An objective personality and behaviour response chart concerning each pupil nurse completed by instructors and supervisors. This chart is reproduced below.

Chart for Objective Evaluation of Personality Characteristic and Responses of Nurses in Training

NAME .... CLASS.......... CHRONOLOGICAL AGE..........

EVALUATION PERIODS—1. Admission. 2. Completion of Preliminary term. 3. Junior term. 4. Intermediate year. 5. Senior year completion.

SCALE OF EVALUATION—A. Excellent. B. Above the average. C. Average. 4. Slightly below the average. 5. Apparent inability.

Note—See separate divisions for characteristics of an E grade.

1. *Interest and Attention.*

	A. Manifested in Class-room work.						B. In Ward and Practical work.				
	1	2	3	4	5		1	2	3	4	5
A.						A.					
B.						B.					
C.						C.					
D.						D.					
E.						E.					

Grade. E,—Disinterest, indifference or spasmodic interest.

2. *Responsibility.*

	A. Willingness to accept						B. Ability to accept and execute				
	1	2	3	4	5		1	2	3	4	5
A.						A.					
B.						B.					
C.						C.					
D.						D.					
E.						E.					

Grade E.—Unwillingness to accept. Inability to carry through.

3. *Personal Response to Instruction and to Criticism.*

	1	2	3	4	5		1	2	3	4	5
A.						D.					
B.						E.					
C.						Grade E—Extremely sensitive, resistant attitude					

4. *Poise in New and Difficult Situations*						5. *Social Relations*					
	1	2	3	4	5		1	2	3	4	5
A.						A.					
B.						B.					
C.						C.					
D.						D.					
E.						E.					

No. 4—Grade E. Embarrassment, lack of assurance.

No. 5—Grade E. Inability to make comfortable contacts or pleasing social relationships, or making violent attachments.

6. *Emotional Control*

	1	2	3	4	5
A.					
B.					
C.					
D.					
E.					

Grade E.—Obvious tension, anger, resentment, restless dissatisfied attitude.

7. *Mood Responses*

	1	2	3	4	5
A.					
B.					
C.					
D.					
E.					

Grade E.—Mood swings—exaltation and depression.

8. *Dominance—Submission*

	1	2	3	4	5
A.					
B.					
C.					
D.					
E.					

Grade E.—Marked withdrawings, secretive, passive attitude in face-to-face situations. Yielding personality.

9. *Introversion—Extroversion*

	1	2	3	4	5
A.					
B.					
C.					
D.					
E.					

Grade E.—Introverted individual living in realm of imagination. Lack of adjustment to existing conditions.

9. *Reaction Type*

	1	2	3	4	5
A.					
B.					
C.					
D.					
E.					

Grade E.—Very slow or very impetuous, etc.

10. *Health—Physical*

	1	2	3	4	5
A.					
B.					
C.					
D.					
E.					

Grade E.—Unsatisfactory physical health, fatigue, etc.

Results of Tests

This report includes the test results from three entering classes—September, 1931; January, 1932; September, 1932; and centers chiefly around the information obtained from the formal tests. After the first class the psychiatric interview was discontinued owing to lack of time, although it was considered by the writers as an additional valuable source of information and as a possibly valuable lead for planning the programme for the individual pupil. The object of the personality and behaviour response chart is intended not only to supply an additional estimate of the individual pupil, but also as a graphic indicator of the personality development accruing in the course of the training period since this chart is completed at intervals throughout the pupil's training. Its principal values seem to lie in helping supervisors to systematize and objectify their judgments regarding the personalities and performances of individual pupils, and to afford some tentative approach to the measurement of personality growth of the individual pupil nurse. Experience with this chart is as yet too meagre to permit any satisfactory reporting of results.

There follows in Table I an analysis for the three classes, of (a) the number of students entering; (b) the number of students failing to complete the course; (c) the median percentile rank of each class according to the Thurstone psychological examination.

Table I.

Entering date	Number entering	Number leaving in first year	Median percentile rank (Thurstone)
September, 1931	46	19	53.0
January, 1932	41	16	52.5
September, 1932	47	8	65.0

It is very interesting to note, in these three classes, that the percentage of students leaving the course varies from 41.3 per cent in the September, 1931, class to 17.02 per cent in the September, 1932, class. The psychological examination (Thurstone) indicates a correspondingly interesting variation in median scores for these three groups. In the third class, with the high median percentile rank of 65, the loss in the first year is 17.02 per cent as compared with 41.39 per cent and 39.02 per cent respectively in the two previous classes.

The following tables for each of the three classes show the relationship between the individual students retained and not retained in terms of their grouping on the Thurstone examination:

Table II.—Class entering September, 1931

	Number given test	Students retained		Students not retained		Reasons for leaving		
Percentile rank		No.	P.C.	No.	P.C.	Health	Poor work	Other
1- 20	8	2	25	6	75	..	5	1
20- 40	7	4	57	3	43	..	3	..
40- 60	11	7	63.7	4	36.3	1	2	1
60- 80	10	8	80	2	20	1	..	1
80-100	8	4	50	4	50	3	..	1

Table III.—Class entering January, 1932.

	Number given test	Students retained		Students not retained		Reasons for leaving		
Percentile rank		No.	P.C.	No.	P.C.	Health	Poor work	Other
1- 20	5	3	60	2	40	..	1	1
20- 40	12	6	50	6	50	..	4	2
40- 60	10	7	70	3	30	1	1	1
60- 80	4	3	75	1	25	..	..	1
80-100	8	4	50	4	50	3	..	1

Table IV.—Class entering September, 1932.

	Number given test	Students retained		Students not retained		Reasons for leaving		
Percentile rank		No.	P.C.	No.	P.C.	Health	Poor work	Other
1- 20	4	2	50	2	50	..	2	..
20- 40	7	6	85.72	1	14.28	..	1	..
40- 60	9	8	88.9	1	11.1	..	..	1
60- 80	11	10	91	1	9.	..	..	1
80-100	13	8	84.61	2	15.39	1	..	1

Comparative Analysis

In the September, 1931, class, of the twelve students falling into the group percentile rank of 1-25, only four or 33 per cent are still in training; 67 per cent have been resigned or dropped. Two of the four individuals belonging to this percentile group who have been retained are reported as doing the poorest work in the second year. The character of their progress in the course would suggest that they probably should not have been retained. Throughout the three classes it appeared evident that the great majority of the students dropped from the course for unsatisfactory attainment in class or ward work were among those in the lower quarter or third of the groups as indicated by the scores on the Thurstone examination. Only one student with a percentile rank of 60 was dropped because of unsatisfactory work, and this student was eliminated for what was described as a personality difficulty.

It is interesting to note that the highest degree of success has been attained in the two percentile groups 40-60 and 60-80. Peculiarly enough, in the highest percentile rank 80-100, there were lost, in each of two classes, 50 per cent of this group, all on a basis of health difficulties; none, of course, on the basis of inability to handle the required work. This raises an interesting question as to whether or not the very superior group has less chance of attaining healthy effective maturity than the group somewhat lower in the scale from the standpoint of intellectual endowment.

The personality inventory (Bernreuter) results have not yet been satisfactorily evaluated in relationship to other aspects of the study so no present report is being made with reference to this test. Some formal personality inventory would seem to have a logical place in such a study. This particular scale may appear to have a special value in that it purports to measure several different aspects of the individual's personality at the same time. It is scored at four levels, the four scales being designated by the symbols: B1-N, B2-S, B3-I, B4-D. The interpretation of the scores in each scale may be briefly designated as follows:

B1-N.—A measure of neurotic tendency. Persons scoring high on this scale tend to be emotionally unstable. Those scoring above the 98 percentile would probably benefit from psychiatric or medical advice. Those scoring low tend to be very well balanced emotionally.

B2-S.—A measure of self-sufficiency. Persons scoring high on this scale prefer to be alone, rarely ask for sympathy or encouragement, and tend to ignore the advice of others. Those scoring low dislike solitude and often seek advice and encouragement.

B3-I.—A measure of introversion-extroversion. Persons scoring high on this scale tend to be introverted; that is they are imaginative and tend to live within themselves. Scores above the 98 percentile bear the same significance as do similar scores on the B1-N scale. Those scoring low are extroverted; that is they rarely worry, seldom suffer emotional upsets, and rarely substitute day-dreaming for action.

B4-D.—A measure of dominance-submission. Persons scoring high on this scale tend to dominate others in face-to-face situations. Those scoring low tend to be submissive.

A problem arises as to the integration of mental hygiene in the curriculum. At the present time the mental health material is being presented as a separate subject and by individuals not regularly part of the nursing school staff. The ideal plan, in the minds of the writers, is that eventually the major part of the mental health teaching, the integration of mental health principles, shall become an integral part of the teaching in other aspects of the training and shall not continue to be regarded as a separate discipline. A mental health view is essential to good nursing whether the nurse is presently engaged on a medical, surgical, obstetrical, pediatric or psychiatric problem. It is not something belonging to the psychiatric service, to be discarded when one steps into the medical, surgical or paediatric services.

Such an ideal implies the presence of teachers and supervisors thoroughly sympathetic to, and familiar with, the principles of mental growth, and thoroughly cognizant of the significant manifestations marking deviations from healthy mental growth. Nowhere have we begun to approximate such an ideal in our schools of nursing.

Teaching mental hygiene as a separate subject and aiming always at the more desirable plan, the educational approach in this study has fallen naturally into two main divisions: (a) the instruction of the student nurse; (b) the instruction of the teachers and supervisors.

As far as possible, in each of these fields a beginning has been made in laying the foundation for a better understanding of mental health and the principles and processes of mental growth.

The problem in this teaching is not so much to give a new body of facts, but rather to lay the basis for a more sympathetic, more scientific understanding of the meaning and approach to individual behaviour wherever we may find it. It involves the reconstruction of attitudes and points of view. It means for both teachers and supervisors a revised conception of their own and others' personality responses, and a revised conception regarding the training period itself, as a period of emotional growth rather than a phase from which the individual student emerges with simply a new body of knowledge and a new group of skills superimposed upon the unaltered individual background.

Summary

1. There is presented a preliminary report of an experimental study dealing with selection of student nurses and the integration of mental health teaching in the nurse's training programme.
2. Selection of student nurse material by way of the original application plus the trial or probation period is a costly procedure.
3. The facts already revealed in this study suggest the value of certain tests in guiding the selection of student material.
4. The annual financial saving from a more dependable selection process is apparent.
5. The very considerable loss through physical health factors suggest the need for a more dependable health history and a more dependable statement of present physical fitness.
6. There is presented the point of view that mental health instruction is essential in the nurse's training course and that this instruction should ideally be integrated in other aspects of the nurse's training rather than be confined entirely to presentation as a separate discipline.
7. The instructional programme must, at the present time, include instruction for teachers and supervisors as well as for students.

THE ONTARIO DIETETIC ASSOCIATION

The third annual meeting of the Ontario Dietetic Association was held in Toronto on April 27, with a morning session in the Arcadian Court, at Simpson's, an afternoon session at the Consumers Gas Company, and an evening banquet in The Round Table of the T. Eaton's College Street Store. Miss Lorena Richardson, president of the Association, presided at the morning meeting which included a meat demonstration by representatives of Swift & Co., Chicago, and Swift Canadian Co., of Toronto. The afternoon session was chaired by Miss Kathleen Burns, chief dietitian, the Hospital for Sick Children, Toronto, when Dr. R. F. Farquharson gave a paper on "The role of liver and other dietary measures in the treatment of anaemia." Two hundred and thirty-four dietitians were in attendance, and Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital, and Miss Ethel Greenwood, convener of publications, Registered Nurses Association of Ontario, were nurse guests. Dr. Charles H. M. Williams, D.Sc. (Dent.), gave a very interesting paper on the "Effect of Vitamin D in the prevention of dental caries."

Department of Public Health Nursing

Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

NURSING IN THE CANADIAN LABRADOR

ANNA MAY JOWSEY, Staff Nurse, Montreal Branch, Victorian Order of Nurses for Canada

While in training I heard Sir Wilfred Grenfell lecture on the Labrador and also saw his pictures. I was greatly interested and, a few years later, had the opportunity of applying for a post in the International Grenfell Mission, and was accepted for the Mutton Bay Post the same year. On reaching Harrington Harbour I was told by the doctor that I must remain there because, owing to some mistake in my appointment, I was three months too early. The hospital in Harrington consists of three wards, an operating room, and living quarters for the nurses and maids. The doctor has a house of his own and, while he is away, the head nurse takes charge of the hospital.

Harrington is the largest English-speaking settlement on that part of the coast. There are about three hundred families; some of them live on the outer island and come into Harrington for the winter months. The weather is changeable and the summer very short. In the autumn the Northern Lights are marvellous and the colourings very beautiful. When a storm comes up it may last for days and if the nurse is away no one expects her until she returns, perhaps a day or a week later. The people always seem to know when a storm is coming and just how long it will last.

The people are of a quiet, religious type, not talkative unless something really interests them, such as fishing, hunting, and the weather. Everyone calls the head of the house "Uncle," and his wife "Aunt," and one falls into this custom quite readily. The reason for it is that there are so many intermarriages but, in spite of this, the children are very bright and attractive. The people who have settled on this coast come from Newfoundland and the Channel Islands and make their living by fishing for cod, salmon and lobster. In the late fall there is seal fishing, and a short distance from Mutton Bay there is the largest natural seal trap in North America where as many as three hundred seals are trapped in a day in open water.

In the winter the men are "inside" (as they say), that is, they go into the interior for wood cutting and hunting. The wood is drawn out by dog teams for a distance of twenty-five miles. The trees are cut for use as firewood and for building boats and houses. The walls are papered with newspapers and magazines distributed by the Mission. In one home I amused my patient by reading jokes on the walls taken from the pages of *Judge*.

Most settlements have a schoolhouse although the children do not attend regularly. In the larger summer settlements school teachers from Montreal and Quebec come for a couple of months and the younger children attend these classes. Boys of twelve to fourteen years do a man's work and get up at three in the morning and go out fishing. If the catch is good they work until late at night, cleaning, salting and putting the fish to dry as soon as possible.

While I was at Harrington Hospital we had one very active day. A patient came in for an operation at seven in the morning and the nurses were up at four o'clock getting everything in order. Everything went off very well though it was my first anaesthetic, and the patient only stopped breathing once. On the same day we had a tonsillectomy, and a confinement case came off later, so everyone was in a state of great excitement, the people "outside" even more than the staff.

In June, the doctor received a wire asking him to go up the coast to visit a sick woman. The symptoms, as described by the Hudson Bay Factor, indicated that it was a case of pneumonia. As the doctor was just leaving for his western trip, he sent me in his place. Armed with all the necessary things and enough food for myself and the two men who manned the boat, we left at five in the morning with "Uncle Esa" in charge of the boat. Later we transferred to an open gasoline boat and, after travelling for seventy miles, arrived late in the afternoon. No one seemed to be expecting us, so Uncle Esa and Bob helped me over the rocks and mud where only a few Indian dogs came to meet us. We arrived to find the patient having her crisis. She was French and did not speak a word of English, but I proceeded to give her general care. A window was forced open and the fresh air seemed to put new life into her.

After supper someone came for me and I was taken to see a sick man and a child and got back at midnight. During the night there was a great change for the better in the pneumonia patient and I taught her sister to give her simple nursing care, and early in the afternoon lay down on a feather bed to try to get a little rest. However, the feathers all parted company and I had to try to sleep on the boards. During my stay the patient's sister asked me if I had my "tools" with me and, not knowing just what she meant, I questioned her and found out that she wanted some teeth extracted, but not being qualified to give service of this kind, I told her that the dentist would visit the settlement the following week.

Although quite a storm had come up, "Uncle Esa" came to say we should have to leave that night and, when the people heard that we were planning to do so, they strongly advised us not to. However, we left at three in the morning by way of the inside run and, after getting out into the open, I realized why we had been advised not to start. It was a wild ride, for the waves were breakers and the rocks seemed so near. The telegraph operator in Wolfe Bay advised Harrington that we had passed that point safely and, when we finally arrived, the harbour was like glass.

On the first of September I took up my duties in Mutton Bay Nursing Station. In this settlement there are forty-five families. The Anglican Church and the Hudson Bay Post are also located here. The scenery is beautiful, for the highest hills on the coast are found here, and at sunset one can look out to sea over towards the many islands and sometimes see the liners going by. We were fortunate enough to see the airship R-100, which was a wonderful sight to many of the natives as it was the first time they had ever seen any sort of aircraft.

In the nursing station there is a dispensary where supplies are made up and the necessary drugs given out. There is one ward, containing two beds and a cot, and living quarters for a nurse, a community worker and a maid. One has to have some knowledge of housekeeping and ordering as you have to get in enough supplies to last over the winter, without having either too little or too much. When the steamers come in, you go on board and look after your freight and see that your man is on hand with the boat to carry everything off. During the summer months, bales of clothing come up from Quebec which must be acknowledged by an interesting letter so that next year the Mission will be remembered again. Some out-going mails carry as many as twenty-five of these letters.

A monthly report is sent to St. John's, Newfoundland, and also one to the doctor in Harrington. You buy from the people who bring in fish, berries and wood, and, in exchange, you give them a slip of paper and on Thursday afternoons they come to the clothing store and pick out what they like: a dress for a fish, or clothes for a family in exchange for a load of wood. In this way one encourages thrift and obtains a supply of fresh food. If the people are too poor to pay for the services rendered they, of course, get them free of cost. The dispensary is open every day from nine in the morning until noon and the people come for the drugs they need, the most popular being castor oil, camphorated oil, syrup of white pine and also plenty of Epsom salts.

Mutton Bay, Labrador.

During the thirteen months I was at this station I cared for eight confinements, four of which were primiparae, all normal cases except one very ill patient who had had pneumonia during her pregnancy. As this was her seventeenth confinement she needed the services of a doctor but, owing to the dense fog, no one could travel. There were accident cases caused by the slipping of an axe, resulting in the cutting of a finger, wrist or leg, and two of these required sutures which were put in by the nurse. A cardiac case, a man of twenty-eight years of age, who finally died, required nursing care for three days and nights, when the nurse's only "relief" was to get home for meals. The local undertaker made his coffin of wood covered with white cotton and used black elastic to bind it. The room was draped in sheets and a table with a Bible on it was placed near the body. Although he died on December 23rd, he could not be buried until December 27th because of a severe gale. The body was drawn to the church on a sleigh by six men with white ribbons on their arms. After the service the body was carried to the water's edge and the people sang a hymn as the coffin was put into a large boat which was rowed across the harbour, through great sheets of ice, to an "outside" island where the cemetery is.

The social life in Mutton Bay was quite active, but a call out of town would cancel all my engagements. In the afternoons the nurse paid her visits among the people both sick and well. On Tuesday afternoons I had a class in home nursing care. There were twelve members, all girls from fourteen to eighteen years of age. Artificial respiration was one of the main procedures taught in these classes. On Wednesdays the sewing circle of the church held its meeting, and on Friday afternoons sewing was done for the Mission, when dresses, aprons and quilts were made up. A sale of work was held in order to buy something for the nursing station and the nurse was allowed to suggest what she would like. My choice was an equipped travelling bag as one has to carry so much on long trips. On Thursday evenings choir practice was held under the direction of the community worker, and on Fridays there was a meeting of the Junior Red Cross, also directed by the community worker, the nurse occasionally giving brief health talks. The community worker took charge of the industrial work which consists of wood carving, making mats and so forth. These articles are made during the winter months and sold to the summer tourists. The community worker and the nurse share the direction of the housekeeping week about, so that each gets an opportunity of making out the menus and has a chance of choosing what she likes best.

At the beginning of October we had to get the Christmas parcels ready for the settlement down the coast, because these have to be got out during the mail boat service for, after the freeze-up, we could not ask the mail man to carry parcels by dog team. During the winter it was a great thrill to see the dog teams coming and to guess who was who. In the Christmas parcels we always put candy for each child. I found that I was running short of it and, as I had on hand a half-pail of hard candy, I tried to boil it down. After spending about three days on it I was not successful, but everyone in town was keen to know how it was coming along and would make an excuse to drop in to take a look and go out and tell how it was doing. At last I gave it up and late one night buried it in the ash pile. In the morning I heard a great noise and, to my horror, on looking out of the window saw three dogs with their jaws locked with a piece of the candy, so, of course, everyone knew what a grand success it had been. The Christmas entertainment was organized by the community worker and the nurse and was held on Christmas Eve, everyone getting a present from the tree. A midnight service was held in the church and on Christmas Day everyone was free to visit and to find out what the others had received.

In January, a man came to the station asking me to visit his home for a couple of days as his wife was expecting a son and heir. I packed up and left with two men and a team of dogs. It was my first trip of this kind and it did prove thrilling. We went up some steep hills and then came down at a great rate, one man steering in front and the dogs following. On one of the bays we saw another dog team coming and each party wondered where the other party was off to. When the other driver came up he asked us about our trip and how the dogs were standing it and then happened to say "your wife needs the nurse." The man almost threw me from my sleigh to the other in his hurry to get me to my destination. I was given over to the fresher team and it was a fast ride. Going round a corner I fell off and had to run to catch up but, fortunately, arrived an hour before the son. I had to spend a week in that settlement owing to a severe snowstorm, and during that week I visited everyone.

A great many children have rickets owing to the inadequate diet. Very little cod liver oil is used, even though the nurse advises it. In one case a child of eighteen months was not walking and her parents felt she never would. After winning them over we started giving cod liver

THE DOG TEAM RESTING.

oil and, in a very short time, she was standing and taking a few steps.

The first steamer coming into the harbour in the Spring gives a great thrill. One goes on board to see one's friends and to get the news. During the summer the tourists come on shore to look over the building and you do your best to make it interesting. At this time the community worker and the nurse endeavour to sell the handicraft work of the people.

After my stay of fourteen months in the Canadian Labrador I could not help being impressed with the general happiness and contentment which prevailed in spite of the isolation of these people. Certainly a nurse doing work such as this feels that she is definitely a part of the community and that the interests of the people are hers. To her they come with all their problems, confidently hoping that she will find some solution.

MISS CHARLOTTE E. EASTWOOD

Contributed by some of her Staff Nurses

The recent death of Miss Charlotte E. Eastwood recalls to the minds of her early associates the pioneer days of the Toronto branch of the Victorian Order of Nurses. The choice of its first district superintendent was important and a wise selection was made in the appointment of Miss Eastwood who was a graduate of the School of Nursing of Bellevue Hospital, New York, and had had considerable experience in visiting nursing in Chicago. It would be difficult for the nurse of today to realize the problems she had to face—opposition to the new scheme, difficulties of transportation, and a host of others. There were no taxis in those days, and cabs were a luxury unknown to the people among whom her work lay. Street cars went off duty at midnight. So it was necessary to work all day and, if out on a night call, to travel home on foot, as of course no call could be refused. The work grew quickly under her wonderful management, and nurse after nurse was added to the Order. Calls for Victorian Order nurses began to come in from other centres and a district training school for graduate nurses was soon established in Toronto. Miss Eastwood was loved and admired by all. Her high principles and steadiness of character under most trying circumstances were always an inspiration to her nurses. Her absolute loyalty to the Victorian Order and her spirit of co-operation with other associations soon allayed all opposition and was something precious that her nurses carried away to new fields and that they could only learn by association with such a wonderful personality. Miss Eastwood was interested in many organizations, especially those related to education and to raising the standards of nursing. She was one of the original members of the association formed to have nursing recognized as a profession which, when first organized, was known as the Graduate Nurses Association of Ontario. After a long and uphill struggle, a bill for the registration of nurses was eventually passed in 1924 by the Ontario Legislature. Miss Eastwood has passed away, but her spirit will continue to inspire many Canadian nurses as they travel into the far reaches of our beloved Dominion.

Institute of Public Healt
Faculty of Public Health of th
University of Western Ontario
LONDON : CANAD

Department of Private Duty Nursing

Convener of Publications: Miss Jean Davidson, Paris, Ont.

THE CANADIAN SCENE

Beginning with December of last year a series of editorials entitled *The Canadian Scene* has appeared monthly in the *Journal*. It is in this series that this article really belongs but this month it is deliberately placed under the caption of the Department of Private Duty Nursing in the hope that it will receive the thoughtful attention of the private duty group.

At the Biennial Meeting of the Canadian Nurses Association, which is to be held in Toronto from June 25 to June 30, there will be an opportunity for private duty nurses from all parts of Canada to get together and thresh out their problems. Unfortunately the time assigned for this purpose is sharply limited and it is therefore highly desirable that none of it should be wasted. It is modestly suggested that by way of preparing to take part in the debate it might be helpful to review the editorials already published under the title of *The Canadian Scene*, and having done so, to give some thought to certain divisions of the *Survey* in which Dr. Weir discusses the economic aspects of private duty. Since this is a time-consuming process it will perhaps be helpful to set down here a highly condensed version of some of Dr. Weir's suggestions concerning a possible way out of our economic dilemma.

In the first place, Dr. Weir accepts and endorses the principle of health insurance and indicates that its possible scope might be as follows:

1. A complete health service should be provided including medical, nursing, and dental services. Hospitalization should also be available when required. Public health services should be maintained.

2. All these services would be financed by contributions from the insured, and from governmental sources: federal, provincial and municipal.

3. Health insurance should be compulsory for all single adults whose income is less than $1,200.00 per year and for all married persons whose income is less than $2,000.00 per year. Persons receiving higher salaries than these might be given the option of participating in health insurance schemes.

4. In order to discourage any abuse of the insurance scheme it is suggested that, in addition to their regular contributions, persons actually receiving nursing care should be charged at the rate of ten per cent of the actual cost of the nursing service supplied to them.

Obviously such a far-reaching scheme as this cannot be put into operation until all concerned are convinced of its soundness and practicability. The medical and dental professions, hospitals, public health organizations are all involved and will claim the right to speak for themselves. But it is nevertheless true that nurses are also entitled to a hearing since they are not only engaged in private practice but also constitute a larger part of the working force of hospitals and public health organizations.

Supposing such a scheme were to come into force, how would it affect nurses? Public health nurses and hospital nurses would be in much the same position as they are now. It is the private duty group who would feel the impact. Dr. Weir suggests that the following changes would come about in private practice:

1. Provincial nursing councils would be set up which would either operate or control all nursing registries. The money derived from contributions to the insurance scheme would be paid into a central consolidated fund from which private duty nurses would be paid on a salary basis, and be assigned to cases as visiting nurses are today.

2. Private duty nurses would be graded as to rank and earning power as are public health and hospital nurses.

3. Private duty nurses would be subject to supervision and control as is now the case in other nursing groups. Those who did not

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(This is the seventh in a series of editorials dealing with nursing conditions in Canada.)

wish to accept such conditions would be at liberty to remain "free lances" and to carry on an independent practice as at present.

It is, of course, quite possible that any comprehensive scheme of health insurance such as that outlined in the *Survey* may not come into being for many years, if ever. Time will tell. In the meantime we have here in the *Survey* at least a rough chart which will help us to explore the possibilities of establishing private duty on a sound co-operative financial basis. The next step may be to select a favourable community and to try out a few laboratory experiments.

But first of all, private duty nurses, as individuals and as a professional group, must clear up their thinking on certain points. It is suggested, therefore, that a free discussion of the following topics might lead to a profitable debate:

1. Should the co-operative principle (health insurance), be applied to private duty nursing and is it desirable that private nurses be employed on a graded salary basis?
2. Is the suggestion of the *Survey* that nursing registries be controlled by provincial nursing councils a sound policy?
3. Should private nurses be subject to such control and supervision as is accepted by other nursing groups?

That there will be widely differing points of view about such highly controversial questions goes without saying. Yet there is such a thing as compromise and reconciliation for the sake of the common good. One thing must be kept in mind. No nursing policy can possibly be sound which ignores the patient. Whether we realize it now or not, the community at large will eventually take an active part in deciding this issue. Above the clamour of our professional debates the still small voice of public opinion will make itself heard. It may be well to listen to it.

Book Reviews

OUR BIT: The War Memories of a Canadian Nursing Sister, by ex-Nursing Sister Mabel Clint, A.A.R.C. 175 pages. Published by the author. Copies should be ordered immediately from Miss Mabel Clint, 2112 Claremont Avenue, Montreal. Price, $1.25.

This volume is unique in that it has achieved the record of being the first book, published in Canada, that has been written by a Canadian Nursing Sister, telling of the work and experiences of the Sisters who served at the front during the Great War. The author takes the reader on a long and far-reaching journey, lasting four years. From the mobilization of the Sisters at Quebec in 1914, to their landing with the First Canadian Contingent at historic Plymouth, on to France and then to Egypt, and the Isle of Lemnos in the Ægean Sea, again to France, through the battlefields after the Armistice, England once more, and finally the return home in 1919. Miss Clint introduces each chapter with a distinctive and carefully chosen poem of the war period. These chapters form a complete series of vivid, interesting, and at times tragic word pictures, coloured throughout with quiet and steady heroism. With absolute sincerity she has created out of her great experience, a history of living memories. So effectively and truly has Miss Clint recaptured the atmosphere of the life of the Sisters on active service, that every Sister and veteran throughout Canada and elsewhere who is privileged to read her book may renew on every page the countless, ageless memories of those years. You will not want to lay it down until the end is reached, for the telling has an unusual quality and a fascination that is all absorbing. Many books have been written from the viewpoint of the men in the trenches, but far too few from that of the women who nursed them: thus from an entirely different angle we are given vivid glimpses of those heroic years. The prospective reader may be assured of finding, in this all too short record, food for serious reflection. Not only will it interest all nurses, but is worthy of being read by everyone and particularly by those who shared in the conflict and the victory.

WINIFRED FRAY RAMSAY.
(Nursing Sister Fray)

SURGICAL NURSING, by E. L. Eliason, M.D., Sc.D., University of Pennsylvania; L. Kraeer Ferguson, M.D.; and Elizabeth Keller Lewis, R.N., former instructress of nurses, University of Pennsylvania Hospital. Fourth edition. 566 pages. 265 illustrations. Published by the J. B. Lippincott Company, Canadian branch: 525 Confederation Building, Montreal. Price, $3.50.

In the preface of this volume the authors have stated that the aim of the text is to prepare the nurse to care intelligently for the surgical patient. To this end they have produced a text the content of which is varied, detailed and practical. It is obvious that the authors have had experience in teaching nurses as there is a fine appreciation of the view point of the nurse in the presentation of the nursing care. The many illustrations are well chosen and contribute much to the value of the book for teaching purposes. Black faced type has been used extensively throughout the text for the emphasis of important points. This has possibly been overdone as there is a tendency for the eye to leap ahead to the next heavy type and to omit a careful perusal of the explanatory lighter type. In some cases the selection of words to be emphasized is not particularly apt so that the purpose seems to be defeated.

The content includes not only the usual surgical conditions, but many phases in the surgery of the eye, ear, nose and throat, brain and spinal cord, and in the fields of gynecology, urology and orthopedics. Several of the chapters open with a condensed review of the anatomy and physiology relevant to the subject under consideration, which should be a help to the student in recalling the principles underlying the nursing care. There is a brief concrete discussion of typical diets with an explanation of the food requirements for some specific medical and surgical cases. A chapter is devoted to the preparation of solutions and the administration of drugs, in which the essential principles are stated in a comprehensive manner. The book concludes with an adaptable outline for a course in surgery based on the material in the preceding pages providing for lectures, quiz and demonstrations.

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Notes from the National Office

Contributed by **JEAN S. WILSON**, Reg. N., Executive Secretary.

Nominations

The ticket of nominations for the election of officers at the General Meeting of the Canadian Nurses Association to be held in Toronto, June 25 to 30, 1934, is announced herewith:

For President: Miss Ruby M. Simpson, Director of the Public Health Nursing Service of the Department of Public Health, Province of Saskatchewan, Regina, Sask.

For First Vice-President: Miss Grace M. Fairley, Principal and Director of Nurses, the School of Nursing, Vancouver General Hospital, Vancouver, B.C.; Miss Eleanor McPhedran, Superintendent of Nursing, Central Alberta Sanatorium, Calgary, Alta.

For Second Vice-President: Miss Margaret L. Moag, District Superintendent, Montreal Branch, Victorian Order of Nurses, Montreal, P.Q.; Miss Kathleen I. Sanderson, Executive Secretary of the Greater Vancouver Health League, Vancouver, B.C.

For Honorary Secretary: Miss Elizabeth Smith, Director of Health, Provincial Normal School, Moose Jaw, Sask.; Miss Elsie J. Wilson, Director of Nursing, Central Tuberculosis Clinic of the Sanatorium Board of Manitoba, Winnipeg, Man.

For Honorary Treasurer: Miss Margaret Murdoch, Superintendent of the School of Nursing, Saint John General Hospital, Saint John, N.B.

The nominating ticket is prepared from the returns received from the provincial associations of registered nurses. A nomination form was sent to each of these associations before November 1st, 1933. The completed forms were returned for January 31st, 1934, showing the name of one nominee for each office. The consent of members to accept nomination must be first obtained. The two nominees receiving the highest number of nominations for each office completes the nominating ticket. The election of officers at the General Meeting is by ballot and the officers elected for the period 1934-36 will be announced by the scrutineers at the final session on Saturday morning, June 30th.

Divine Service

Honouring the celebration of the twenty-fifth anniversary of the Canadian Nurses Association, Divine services have been arranged during the General Meeting in Toronto. A service will be held on Sunday evening, June 24, at 7 o'clock in St. Paul's Anglican Church, Bloor Street East. The preacher will be the Right Reverend Robert J. Renison, M.A., D.D. At noon, on Wednesday, June 27, a service will be held in St. Michael's Cathedral, Bond Street. The celebrant will be the Reverend W. P. Smith, Chaplain of St. Michael's Hospital, and the preacher will be the Reverend J. Fallon, S.J.

Guests of Honour

In recognition of the Anniversary celebrations during the week of the General Meeting, representative nurses from Great Britain and the United States of America will be the guests of honour of the Canadian Nurses Association. We are happy to announce these guests who, at the banquet on Wednesday evening, June 27, will bring greetings from the organizations they represent. Mrs. Edith Rome, ex-President of the College of Nursing, London, will convey the messages from the International Council of Nurses and from the College of Nursing. Miss M. S. Cochrane, Matron of Charing Cross Hospital, London, will express the congratulations of the National Council of Nurses of Great Britain. Miss Susan Francis, President of the American Nurses Association, will bring greetings from that organization. A third representative from Great Britain will be Miss Daisy Bridges of the nursing staff of St. Thomas's Hospital. Miss Bridges will represent the Nightingale School. Mrs. Brent Goodson, a charter member and the first vice-president of the C.N.A., has kindly consented to attend the banquet and to offer her congratulations to the Association.

National Enrolment of Nurses

Considering the large number of registered nurses who are members of the Canadian Nurses Association, it would be reasonable to expect a much larger enrolment of nurses for war or disaster in Canada than at present exists. According to the last report from the National Office of the Canadian Red Cross Society, only 944 nurses have signified their willingness to serve in case of a national disaster. If enrolment is to be maintained some means must be found to stimulate and keep the interest in the plan originally prompted by the nurses. Following the report of the Committee on National Enrolment of nurses for war or disaster which is to be presented at the General Meeting in Toronto, Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, will speak briefly to the recommendations brought forward in the report, and it is hoped that nurses will come prepared to take part in a discussion which will bring out ways and means of increasing the interest in this enrolment, which will prove of great national importance should an emergency arise.

Legislation

During the recent session of the Legislative Assembly in the Province of Alberta a Bill to amend the Registered Nurses Association was introduced and passed upon; during the closing days of the session Royal Assent was given to the Bill, thus making effective at once the amendments to the Registered Nurses Act of 1922. The secretary of the Alberta Association of Registered Nurses writes that they are happy to report: "the standard of education required of a person entering upon a course of hospital training leading to registration is raised from Grade Eight Examination of the Public School Course to Grade Eleven Examination of the Department of Education of the Province of Alberta." It is interesting to note that during the discussion of the Bill before the Legislative Assembly it was shown that there is only one student among those who will graduate in 1936 who has not Grade Eleven standing; further, that this student is taking an examination shortly to complete that standing. The Alberta Association is to be heartily congratulated upon these results which, it is stated by several members of the A.A.R.N., are due principally to the efforts of their Legislative Committee and the Provincial Joint Study Committee.

Scholarships

Interest in the Scholarships offered to members of the C.N.A. for the International Courses for Nurses, 1934-1935, has been Dominion-wide. Requests for application forms and information have been received by the Executive Secretary from as far east as Cape Breton and through to Vancouver Island on the west coast; from nurses resident in small towns and rural districts as well as from the cities. It is hoped that this evidence of interest in a particular project of the C.N.A. is significant of a desire to participate in and support provincial and national enterprises in general. At the time this is written (May 4th) application forms have been sent to eighty-two nurses.

The Oversea Settlement Committee

The Oversea Settlement Committee is a body appointed to advise the Government of the United Kingdom on all matters concerning migration and settlement within the Empire. A handbook issued by the Committee contains information as to regulations for nurses in force in various parts of the Empire. Recently a revision of this handbook became necessary. The C.N.A. was asked to prepare a memorandum showing the required revisions in order to bring up to date the regulations governing nurses in Canada. A complete rewriting of information published in previous issues of the handbook was required. The material supplied was arranged under the following headings in relation to the Acts for the registration of nurses in Canada; permissive or compulsory law; appointment and personnel of the boards of control and of the boards of examiners; the requirements for registration and for reciprocal registration; the types of organizations and institutions in which registered nurses are employed; the names and addresses of the provincial registrars.

A Few Reminders

The time and place of the General Meeting is June 25 to 30, 1934, at the Royal York Hotel, Toronto. The annual meeting of the Registered Nurses Association of Ontario will be held on Monday, June 25. The first session of the C.N.A. will open at 9.30 a.m., June 26. For the tentative programme, see *The Canadian Nurse* for April, 1934. It is recommended that all nurses attending the General Meeting should register early and obtain their reservations for the banquet and the pageant, and for other social affairs listed in the final programme which will be available at the time of registration. Daylight saving time is used in Toronto; that is one hour in advance of eastern standard time.

Hotel Accommodation

Detailed arrangements in reference to hotel accommodation have been published in several previous issues of the *Journal*. Reservation for accommodation in hotels should be made at an early date. The committee on arrangements advises that the Royal York Hotel offers a rate of $2.50 per day per person for three guests in one room, with bath. Those who are planning to take advantage of accommodation offered by the Convents are urged to write as soon as possible to the Reverend Sister Superior, St. Michael's Hospital, Bond Street, Toronto.

EXHIBITORS AT THE BIENNIAL MEETING OF THE CANADIAN NURSES ASSOCIATION

In co-operation with the Registered Nurses Association of Ontario, the Canadian Nurses Association is arranging an exhibit of products used in the practice of nursing which will be on display in the ballroom of the Royal York Hotel, Toronto, during the week of the Biennial Meeting, June 25-30, 1934. All nurses will find the exhibit interesting. The programme of the Biennial Meeting includes time allowance for daily visits to the Exhibit Hall. A list of exhibitors, as at May 8th, is published herewith:

J. B. Lippincott Company, Publishers, Montreal. Booth 1.

Not only will Lippincott have their complete line of the most up-to-date and highest grade nursing textbooks, but the newest ideas in nursing publications. Make Lippincott's Booth Number One your headquarters, where you will be welcomed.

A. Wander Limited, Manufacturing Chemists, Peterborough, Ont. Booth 2.

A. Wander Limited will exhibit Ovaltine Tonic Food Beverage and other Wander products such as Malt Extract with Cod Liver Oil, Alocol, etc. Ovaltine will be served at the exhibit at all times to those attending the General Meeting.

The J. F. Hartz Company, Limited. Booth 3.

The exhibit of The J. F. Hartz Co. Limited, Montreal and Toronto, will consist chiefly of general nurses' and hospital supplies, paying particular attention to their "Rex" green glass Luer syringes, "Vita" rustless Hypodermic Needles and "Vitalast" all-rubber bed sheeting.

The Walk Over Boot Shop, Montreal and Toronto. Booth 4A.

The Walk Over Boot Shop, 290 Yonge Street, Toronto, will have on display shoes that are a distinct asset to the appearance and at the same time very comfortable on the feet and a real economy.

G. H. Wood & Company Limited, Toronto, Montreal, Hamilton, Ottawa, Quebec, Saint John, Halifax. Booth 14.

The comprehensive display at the G. H. Wood & Company exhibit is well worth seeing. You will find those in charge most anxious to explain the use of the many products which are proving so popular for hospital use, among which are included:

Lik-wiD Brand Foot Pedal Surgical Soap Dispensers;
Lik-wiD Brand Surgical Green Soaps;
Zef-ir Air Purifying Blocs;
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Johnson & Johnson, Limited, Montreal, P.Q. Booth 16.

Johnson & Johnson, Limited, is the only concern manufacturing adhesive plaster in Canada. Their bleaching plant is the only one producing sterilized gauze cloth and absorbent cotton for surgical purposes. Visit Booth 16 to see the merits of ZO Adhesive Plaster, also "Drybak", the adhesive plaster with a moisture-proof back, and the "Neat Edge" Bandage, slit by a special machine which eliminates ravels, loose threads or fluffy edges.

E. R. Squibb & Sons of Canada, Limited, Montreal and Toronto. Booth 18.

E. R. Squibb & Sons, Limited, Manufacturing Chemists since 1858, will have on display their complete line of standard Vitamin products as well as an exhibit of their regular lines of Chemicals, Pharmaceuticals, Professional Products, Tablets and Specialties. There will be an exhibit of Ether showing the copper-lined container, this lining being the only known safeguard to prevent the deterioration of Ether.

Ayerst, McKenna & Harrison Limited, Pharmaceutical and Biological Chemists, Montreal, P.Q. Booth 20.

Members attending the General Meeting will have an opportunity of seeing the manner in which biological tests are made by Ayerst, McKenna & Harrison Limited. Many of our members are familiar with these methods through visits to the biological laboratories of the above-named firm. The demonstration is of primary interest to nurses, dietitians and public health workers.

The T. Eaton Co., Limited, Canada. Booth 22.

The T. Eaton Co., Limited, extend to all delegates to the General Meeting of the Canadian Nurses Association a cordial invitation to view an exhibit of hospital steel furniture. This includes all the latest developments in beds, specially designed, charting desks, bed-side tables, chairs and other pieces all of steel construction.

Ingram & Bell, Limited, Montreal, Toronto, Winnipeg and Calgary. Booth 23.

We will be exhibiting newest Operating Table, electrically heated sterilizers, as manufactured by American Sterilizer Co. These items will include the very latest devices and will be well worth seeing demonstrated.

Vi-Tone Company, Hamilton, Ont. Booth 25.

Vi-Tone! That always welcome drink will be served by Miss Samis, B.A. (Dietitian of the Company) while your friend Miss Sutherland attends the Medical Meeting in Calgary. Miss Samis greets you with Vi-Tone cake and ice cream and news about Vi-Tone.

Scientific Food Products, Limited, Toronto, Ont. Booth 26.

Scientific Food Products, Limited, are demonstrating their new food beverage V.I.P. (Vitamins, Iron and Proteins). V.I.P. contains 27% wheat germ, specially processed, and iron to the amount of 6 milligrams per teaspoonful. The exhibit will contain white rats from the company's laboratory, demonstrating the effect of these elements in promoting growth, and increasing blood count.

Chr. Hansen's Laboratory, Inc., Toronto, Ont. Booth 27.

"The Junket Folks" welcome you to Booth 27 where they will demonstrate how junket works magic with milk and how to arouse the interest of the convalescent in food. Visit this booth to see the attractive desserts made from Junket Tablets, Junket Powders and Flavotint.

The Macmillan Company of Canada Limited, Publishers, Toronto, Ont. Booth 28.

The Macmillan Company of Canada Limited will have on display at Booth 28 their Nursing Texts including their newer publications on Materia Medica, Chemistry, Public Health Nursing, History of Nursing, etc. They invite you to examine these books there at your leisure.

Note.—This list of exhibitors is incomplete and consists only of those who had signified their intention of taking space before this issue of the *Journal* goes to press.—*Editor.*

. . . OFF . . . DUTY . . .

After sitting in the seats of the scornful . . . these many years . . . we succumbed at last . . . and bought a radio . . . A modest affair . . . but our very own . . . to twiddle the dials . . . as we please . . . The first thing . . . which gushed out from it . . . was not as we had feared it might be . . . a shrieking soprano . . . or a nasal tenor . . . or intimate advice . . . on personal hygiene . . . from the vendors of toothpaste . . . Instead it was a flood of melody . . . the voices of men and boys . . . sustained by the deep notes of the organ from a church in a town in Poland . . . which once we visited . . . on a clear and shining autumn day . . . in order to see the Crucifix . . . beautifully carved out of dark wood . . . which according to legend . . . floated miraculously . . . down the Vistula . . . long centuries ago . . . We were caught up . . . on a magic carpet . . . which annihilated space . . . and telescoped time . . . and for a fleeting instant . . . we looked again . . . upon the ineffable beauty . . . of that ancient shrine . . . Reluctantly we left our new purchase . . . and went back to work . . . and in the evening . . . hopefully tuned in once more . . . this time it was a voluble gentleman . . . who very much wanted . . . to be elected an alderman of the city of Montreal . . . quite a laudable ambition of course . . . but we turned the dial . . . and got Amos and Andy . . . and a person named Kingfish . . . this didn't suit us either . . . so we switched over to some frivolous dance music . . . from a grand hotel . . . then there came a queer sort of crackling . . . and we heard . . . through the music . . . a sibilant urgent whisper . . . "Car number forty-seven go to Lincoln Street . . . arrest man wearing blue overcoat . . . and a grey hat" . . . Then in a moment or two . . . "Missing from her home . . . Elsie Smith . . . age nineteen . . . fair hair, blue eyes . . . five feet five . . . one hundred and twenty pounds" . . . We sat spellbound . . . After a pause the same sibilant voice began again . . . "Hold car with New Jersey licence . . . four men suspected of manslaughter . . . Car number forty-seven go to Lincoln Street" . . . then the crackling stopped . . . the police went off the air . . . and the dance music went gaily on . . . but we thought of the missing Elsie Smith . . . and the four frightened men . . . who were wanted for manslaughter . . . Just then the dance music faded away . . . and an earnest voice from Ottawa . . . told us how to escape from Utopia . . . so we twiddled again . . . and got Saint John, New Brunswick . . . and then Moose Jaw, Saskatchewan . . . presently a courteous voice told us in French . . . exactly what time it was . . . in Montreal, of course, . . . not Moose Jaw . . . the time is different out there . . . by three hours . . . and a thousand miles or so . . . spanned only . . . by the power of the air . . . Late that night . . . just as we were dropping off to sleep . . . a hideous screech assailed our ears . . . It was the radio in the apartment below . . . and far into the night . . . the horrid details of the six-day bicycle race . . . were dinned into our unwilling ears . . . However we had our revenge . . . being an early riser . . . we turned on an organ rhapsody full blast at six forty-five the next morning . . . and knew by the protesting groans which came from below . . . that our nocturnal sufferings were avenged . . .

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: One hundred and forty guests were present on April 25, at a bridge in the study hall of the Holy Cross Hospital. A dainty lunch was served at tables tastefully decorated with spring flowers donated by Terrill's Ltd. The members of the association are grateful to their friends who made this affair a success, as it was held to assist with the expenses of the graduating class of 1934. The bridge was convened by the president, Miss Mildred Leggatt, assisted by Miss K. Guy and Miss R. Bond. Mrs. J. P. Rooney was in charge of refreshments.

MANITOBA

BRANDON: The monthly meeting of the Brandon Graduate Nurses Association was held at the home of Mrs. J. R. Fisher on April 3, when the meeting was in charge of the executive committee. Miss Margaret Gemmell gave an interesting and comprehensive report on the Florence Nightingale scholarships. The members discussed plans for the final meeting in May.

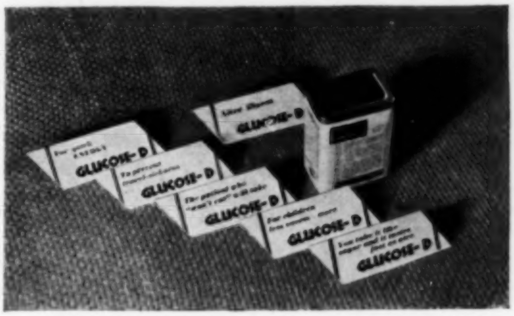
ST. BONIFACE: The St. Boniface Alumnae Association held its regular meeting on April 11, with Miss McCallum presiding. Various busniess matters were attended to including the voting of a sum of money to the Florence Nightingale Memorial Fund to cover a period of five years. The dance in honor of the graduating class of 1934, held April 6, was a great success and much credit is due the social committee. Plans for a spring tea are under way. Miss Cory Taylor was the guest speaker at the March meeting, her subject being the Florence Nightingale International Memorial.

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held on April 16, in the Legislative Building, Winnipeg. Following the reports of the various sections and committees, three very interesting and instructive talks were given. Miss C. Taylor, Manitoba representative of the Florence Nightingale International Memorial, chose as her topic, "The Florence Nightingale Foundation." Miss M. McQuaig, V.O.N., spoke on "Maternal Institutes", following which the Rev. J. Richmond Craig, drew a clear picture of "The Present Day Economic Situation." There was a very good attendance.

WINNIPEG: The Manitoba Association of Registered Nurses entertained at tea on April 25, when the guest of honour was Miss A. Starr, retiring registrar of the association, to whom a lovely chair was presented by her fellow-members, as a token of affection and appreciation. The many guests were received by Miss Mildred Reid, president of the association, and Miss Jessie Kerr. Miss Elizabeth Carruthers was in charge of the arrangements. Pouring tea were Mrs. J. H. Morrison, Mrs. Willard Hill, Miss McLeod, and Miss M. Allan. Assisting were the Misses P. Brownell, E. Wilson, S. Pollexfen, M. Maughan, L. Lynch, Wilkins, E. Shirley, J. McDonald, and B. Robertson. The headquarters of the Manitoba Association of Registered Nurses in the future will be known as "The Central Nursing Bureau", and will be located at 510 The Medical Arts Building, Winnipeg; telephone 27700.

WINNIPEG: The regular meeting of the Children's Hospital Alumnae Association was held on April 10, when Misses Taylor and McCallum were the guest speakers of the evening, their subject being "The Florence Nightingale Memorial Fund."

WINNIPEG:As a means of improving leisure hours, with cultural, athletic and professional activities, and as a service to the community, a new venture has been successfully undertaken by the members of the Alumnae Association of the School of Nursing of the Winnipeg General Hospital, in the form of an Alumnae Club, which was organized in January of this year. Its officers are: President, Miss Sally Tretiak; Vice-President, Miss Margaret Cameron; Treasurer, Miss K. Young; Secretary, Miss Florence Stratton. The Club is composed of the following groups: Modern Trends in Nursing convener, Miss K. W. Ellis, superintendent of nurses; Community Social Service: Miss Stella Pollexfen; Sports: Miss Mary Duncan; Dramatics: Miss Julia Moody; Art: Miss Margaret McClure; Music: Miss M. Gemmel; Reading and Poetry: Miss K. Glass; Current Events: Miss Isobel Barnes; Sewing and Handicrafts: Miss L. Thordarson; Languages: Miss S. Tretiak. Following a debate: "Resolved that an eight-hour day is more beneficial to patient and nurse than a twelve-hour day." The affirmative was sustained by Miss Pearl Mills and Miss Lillian Warner, and the negative by Miss Elizabeth Morecombe and Miss Catherine Baker, who won the debate. In March, the dramatic group had, as its guest speaker, Mr. Charles Moat, a member of the Sock and Buskin Club of the Little Theatre, who gave an interesting demonstration of stage make-up. In April the



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group made its first attempt at a play—a one-act farce, "The Rest Cure." The players, under the adept direction of Miss Miriam Norton, made their first theatrical appearance, and onlookers might have connived at any nervousness. It was an agreeable surprise, however, to note that the various portrayals were presented with keenness, with due regard to the exigencies of comedy situations, with great clarity of enunciation, and a generally successful result. In the cast were: Margaret Cameron (1933), taking the role as Clarence, a poet, in hospital for a rest cure against a nervous breakdown who did her, or his, work with commendable skill; Annie Eff.er (1930), as a nurse; Mary Duncan (1932), as another nurse, who did their Thespian duties as nurse as efficiently as they do in their regular hospital work; Ada Billinkoff (1931), as wife of Clarence, in a small role which she portrayed well; and Isabel Cameron (1929), as a servant, in which part she was credited with the major portion of the comedy, carrying off high honors. Make-up was done by Miss Pat Holden, through the kindness of the Sock and Buskin club; properties were in care of Miss Stella Pollexfen, assisted by Miss Isabel Barnes and Mary Shepherd; Miss Winnifred Spafford acted as prompter, though her services in this connection were not greatly required, and Miss Catherine Baker had charge of the necessary sound effects. Previous to the play a paper on Great Drama was read by Miss Julia Moody, convener of the dramatic group, in which she traced the growth of the drama from its beginnings, through tragedy to satirical drama and to comedy, dealing with the inception of mechanical appliances and finally the establishment of buildings to accommodate the staging of plays.

Mass meetings are held twice monthly each group, in turn, being in charge of a meeting. The activities of some of the groups have been as follows: the social service group has worked in connection with the Back-to-the-land Assistance Association and has also been instrumental in caring for two needy families, one in the country where there are four children, and one in the city—a deserted mother with three small children. The handicrafts group has been holding its meetings in the homes of the various members and papers have been given on handicrafts, weaving and spinning, laces, embroidery, Dresden china and Wedgewood ware. The current events group has made a study of the lives of Benito Mussolini and Adolph Hitler. The art group has been studying the life of Raphael. The sports group has participated in various winter sports. The languages group has been studying German.

NEW BRUNSWICK

MONCTON: The regular meeting of the local chapter of the New Brunswick Association of Registered Nurses was held on April 9. It was agreed to send the sum of ten dollars for the Florence Nightingale Memorial Fund. After the meeting a social hour was spent at the Annex when the members were guests of Miss Oliver and Miss Newcomb. A beautiful basket of roses was presented to Miss MacMaster with the good wishes of the Chapter. It was a great honour for the Moncton Chapter to have had Miss MacMaster given a charter Fellowship in the American College of Hospital Administrators. Recently Mr. Harold Reid gave a most interesting illustrated lecture to the members of the Association and the student nurses on the process of newsprinting and photo-engraving. A rummage sale was held on May 1, under the convenership of Misses I. Scott, M. Mercer and M. K. Miller when a considerable sum was added to the funds of the chapter.

WOODSTOCK: The monthly meeting of the Alumnae Association of the School of Nursing of the L. P. Fisher Memorial Hospital was held on April 17, with the president, Mrs. Harry Dunbar, in the chair. After the usual business was transacted, Dr. George Belyea gave a very interesting lecture on goitre.

ONTARIO

DISTRICT 1

CHATHAM: On May 1, the Alumnae Association of the School of Nursing of the Chatham General Hospital entertained the graduate and student nurses of St. Joseph's Hospital at a social evening in honor of Florence Nightingale, "The Lady with the Lamp." During the evening, scenes from her life from childhood to Crimean War days were depicted. The family album was then presented and much enjoyed by all present.

MARRIED: The marriage took place recently of Helen Iola Rankin to Mr. John Russel Hunter. Miss Rankin is a member of the class of 1932 of the School of Nursing of the Chatham General Hospital.

DISTRICTS 2 AND 3

BRANTFORD: A meeting of the Alumnae Association of the Brantford General Hospital was held on May 1 when plans were made for the graduation exercises which take place on June 2. National Hospital was celebrated on May 12 by the Brantford General

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The Secretary, School of Nursing, University of Toronto.

Hospital. Miss Helen F. Murison, dietitian, Brantford General Hospital, gave a valuable contribution to the nursing staff conference at the Brantford General Hospital in regard to new diets for pernicious anaemia and other special diets. Miss Murison attended the Ontario Dietetic Association meeting held recently in Toronto. Mrs. M. Norton, Miss R. Isaac and Miss H. Kerr attended the refresher course in mental hygiene recently held under the auspices of the School of Nursing, Toronto University. Miss Margaret Gillespie has returned from a Mediterranean cruise. Miss Clara Biffin (B.G.H., 1932), is doing general duty at the Norfolk General Hospital, Simcoe.

GALT: On April 18, the Alumnae Association of the Galt General Hospital held a bridge and over sixty tables were in play during the evening. The proceeds are for the nurses' permanent education fund. Miss I. Mitchell, president of the association, was the convener of the enjoyable affair.

GUELPH: A meeting of the Alumnae Association of the Guelph General Hospital was held on March 7, when Miss A. Bingeman of Freeport Sanitarium gave an interesting address on the obligations of the graduate nurse to nursing organizations and on the Registered Nurses Association of Ontario, and the value of membership therein. Later, everyone took part in an enjoyable game of bridge. The officers for 1934 of the Alumnae Association of the School of Nursing of the Guelph General Hospital are as follows: Hon. President: Miss S. A. Campbell, Superintendent, Guelph General Hospital; President: Miss L. Ferguson; First Vice-President: Miss K. Cleghorn; Second Vice-President: Miss M. Wood; Secretary: Miss N. Kenney, Guelph General Hospital; Treasurer: Miss J. Watson; Social Convener: Mrs. L. Jackson; Programme Convener: Miss E. Eby; Flower Committee: Miss I. Wilson; Representative to *The Canadian Nurse*: Miss L. Sinclair.

STRATFORD: At the monthly meeting of the Alumnae Association, plans were made to furnish and maintain one ward in the paediatric department of the Stratford General Hospital. This ward is being sponsored by the Women's Hospital Aid and is to be officially opened in the near future.

DISTRICT 4

HAMILTON: Misses Livingston, Gayfer and Schiefele attended the Alumnae dinner of the School of Nursing of the University of Toronto on May 5, in Toronto.

DISTRICT 5

TORONTO: The School of Nursing of the University of Toronto, was a scene of happy gathering on May 5, when the Alumnae Association held its annual dinner. Since the establishment of the School the Alumnae Association of the Department of Public Health Nursing and the Course for Teachers and Administrators have merged into the School of Nursing Alumnae Association. It seemed a very special celebration when the re-organized Alumnae Association held its re-union in its new home and entertained the graduating class. The tables, down the sides and across one end of the large dining room, seated one hundred and twenty, and were dainty with pale yellow candles, bouquets of mauve sweet peas and yellow menu cards. After all were at their places the graduating class filed in, each wearing a yellow and mauve sunbonnet of crepe paper, and took their places at a long table up the centre of the room. With Miss Russell and members of the executive committee of the Alumnae Association and teaching staff at the head table were Mrs. Plumptre and Dr. and Mrs. H. A. Cody. In the absence of Miss Laura Gamble, president of the Alumnae Association, the toast to the King was proposed by Miss Gladwin Jones, who also gave the toast to Alma Mater. Miss Elvira Manning, a graduate of 1921, the first year of the course in Public Health Nursing, made a humorous response. Miss Russell introduced the speaker of the evening, making happy reference to Mrs. Plumptre's share, as president of the Ontario Red Cross, in the establishment of the Department of Public Health Nursing. Mrs. Plumptre, speaking from a wealth of personal experience as Canadian delegate to Geneva, made a strong plea for understanding of the League of Nations. The president of the University, Dr. Cody, spoke of his interest in the Department of Public Health Nursing since the early days when he was present at the graduation of Mrs. Cody, and wished the school all success for the future.

TORONTO: In November, 1933, a refresher course for hospital staff nurses was held in Toronto under the direction of the School of Nursing of the University of Toronto. The enrollment was representative of many hospitals in Ontario, which is significant of the interest taken in these short intensive courses. The programme included the following lectures: "Testing and examination methods", by Mr. Mustard of the University of Toronto; "Ward teaching", by Miss Ditchbourne of the Toronto Psychiatric Hospital; "Administration and supervision of wards staffed with graduate nurses", by Miss Buck, Norfolk Hospital, Simcoe; "Radiological treatment", by Dr. Richards, Toronto General Hospital.

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Round tables were ably conducted by Miss Grindlay of the Hospital for Sick Children and Miss Stewart of the Toronto General Hospital, assisted by Miss Beamish of the Toronto Western Hospital, Miss Chute of the School of Nursing of Toronto University, Miss Draper of the Hamilton General Hospital and Miss Kelly of the Toronto General Hospital.

An opportunity was afforded for the observation of some of the newer nursing procedures on the wards of the Western Hospital and Hospital for Sick Children. The course was concluded with a visit to the splendid new wing of the Toronto General Hospital, which was followed by a most enjoyable tea party at the Nurses' Residence.

The staff of the School of Nursing is to be congratulated for arranging this successful programme.

TORONTO: St. John's Hospital Alumnae Association held their monthly meeting on April 30. Members of the Hospital for Sick Children and of the Toronto Psychiatric Hospital were present. Dr. F. W. Marlow addressed the meeting.

DISTRICT 6

Chapter C of District 6, Registered Nurses Association of Ontario, held its monthly meeting at Ross Memorial Hospital, Lindsay, on April 24. Seventeen members motored from Peterborough to Lindsay to participate in the meeting, and between thirty and forty members altogether helped to make the meeting one of the largest the Chapter has had for a long time. The president, Miss Dixon, occupied the chair and after a short business session introduced the speaker of the evening, Dr. Logan, who spoke on the pasteurization of milk and touched briefly on tuberculosis and rickets. Vocal numbers were presented by Mrs. Gleeson and Mr. T. Hick. The accompanists were Mrs. Morrison and Miss R. Shannon. Miss Walsh proposed a vote of thanks to Miss Reid and her assistants for their hospitality.

MARRIED: On March 29, 1934, at Peterborough, Ont., Miss Kathleen Burnside (Nicholl's Hospital, 1926), to Mr. B. J. Burgess.

PICTON: It will be learned with regret that Miss Laura J. Gaden, Reg. N., has resigned her position as superintendent of Prince Edward County Hospital. In the years Miss Gaden has been associated with the institution she has become well beloved. Patients in the hospital have become her lasting friends and the staff has been loyal to her. She has just passed through a serious illness and feels unable to continue the arduous duties so cheerfully and efficiently performed since she assumed the responsible position. It is hoped that relaxation will restore her to her former strength and that she may again take up the work for which she is so well qualified.

DISTRICT 8

OTTAWA: During the winter the members of the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital were privileged in having as guest speakers at two of their monthly meetings Miss Emily Warren and Dr. R. K. Paterson. Miss Warren's fascinating address, "Seeing England," was beautifully illustrated by lantern slide reproductions of her own paintings depicting rural England. An instructive illustrated lecture on "The Treatment of Cancer with X-Ray and Radium", by Dr. R. K. Paterson, was intensely interesting and greatly appreciated.

MARRIED: On February 10, 1934, in Ottawa, Miss Norma Lillian Stevens (Ottawa Civic Hospital, 1927), to Mr. Harry F. Walker of Ottawa.

OTTAWA: The annual meeting of the Lady Stanley Nurses Alumnae Association was held recently at the Ottawa Civic Hospital with Miss Jean Blyth presiding. Satisfactory reports of the year's work were presented. Officers for the ensuing year were elected as follows: Hon. President: Miss M. Catton; President: Miss Jean Blyth; Vice-President: Miss M. McNiece; Secretary: Miss Gertrude Halpenny; Treasurer: Miss M. Slinn; Directors: Miss E. McColl, Miss S. McQuade, Miss L. Belford, and Miss M. Stewart; Flower Convener: Mrs. V. Boles; Press Convener: Mrs. W. C. Elmitt; Representative of *The Canadian Nurse*: Miss A. Ebbs. During the social hour which followed, the retiring secretary, Mrs. R. L. Morton, was presented with a silver flower basket prior to her departure for her new home in Winnipeg. Refreshments were served by the hostesses, Miss J. Blyth, Miss E. Manchester and Mrs. V. Boles.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: At the May meeting of the Graduate Nurses Association of Prince Edward Island, a grant of $50.00 a year, for a period of five years, was made towards the Florence Nightingale Memorial Fund. Arrangements were made for the annual meeting to be held at Summerside on June 12. Delegates were appointed to attend the Biennial Meeting of the Canadian Nurses Association in Toronto. The graduating exercises of the Prince Edward Island Hospital School of Nursing were held in St. Paul's Hall, Charlottetown, on Tuesday, May 15. The graduates received their diplomas from

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his Honour, the Lieutenant-Governor, and were addressed by Dr. J. W. MacKenzie. Mrs. Lois MacDonald read the valedictory. After the programme, the nurses and their friends were entertained at a reception in the spacious reception rooms of the new Prince Edward Island Hospital. The Alumnae Association of the Charlottetown Hospital Nursing School has recently donated a metabolism machine of the latest type to their hospital equipment. Miss Mary Lowther, obstetrical supervisor at the P.E.I. Hospital, is spending her vacation at her home in Nine Mile Creek. Miss Florence Platts, instructor at the P.E.I. Hospital, has returned from a visit to Toronto.

QUEBEC

MONTREAL: The graduation exercises of the Training School for Nurses, Royal Victoria Hospital, were held in the Nurses Home on Tuesday evening, May 8, with Dr. W. W. Chipman presiding. Forty-five nurses graduated this year. Dr. W. F. Hamilton gave the address to the graduating class and Lady Holt presented the diplomas and prizes. The prizes for highest standing in the class were won by Miss Margaret Casselman (1st Division) and Miss Rena Harvie (2nd Division). For best ward reports by Miss Melba Pynn (1st Division) and Miss Ebba Neilson (2nd Division). The dinner, given by the Alumnae Association of the Training School for Nurses, Royal Victoria Hospital, in honour of the graduating class of 1934, was held at the Ritz Carlton Hotel on Monday evening, May 7, and was as enjoyable as in former years. About one hundred and fifty graduates were present. Miss Elizabeth Smellie, C.B.E., R.R.C., Chief Superintendent of the Victorian Order of Nurses for Canada, gave a most stimulating address to the graduating class. At the May meeting of the Alumnae Association. Dr. A. Howard Pirie gave an address on "Recent Developments in X-Rays." After the meeting, Dr. Pirie demonstrated his new discovery, and allowed the members to read and see pictures with their eyes shut.

MONTREAL: Friends of Miss Jennie Webster will be interested to learn that in appreciation of her long and faithful service in the nursing field, she has been made an honorary member of the Alumnae Association of the Winnipeg General Hospital. Miss Irene Gilbert, Miss Katherine McKim and Miss Muriel K. Foote (all M.G.H., 1933), are taking postgraduate work at the Laurentian Sanatorium, Ste. Agathe. Miss Marjorie Lamont (M.G.H., 1933), is taking postgraduate work in the Central Division outpatients department. Miss I. McIver (M.G.H., 1933) is taking postgraduate work in the Central Division Operating Room. Miss Sadie Hicks (M.G.H., 1928), who has been on the operating-room staff for the past five years, has accepted a position as operating-room supervisor at the Royal Jubilee Hospital, Victoria, B.C. Miss A. M. Smith (M.G.H., 1929) and Miss Corinna S. Dea (M.G.H., 1930) have accepted positions on the staff of the Royal Victoria Montreal Maternity Hospital.

MONTREAL: On April 27, doctors, nurses and other friends gathered to witness the graduation exercises of the final class of the School of Nursing of the Children's Memorial Hospital. Dr. Cushing, as chairman, congratulated the members of the class, and wished them success. The Rev. David Scott, in his most inspiring and humorous address to the graduating class, spoke highly of the nursing profession and of the work to be done by the young graduate. Mrs. T. S. Gillespie presented the pins and diplomas to the eleven members of the class: Marguerite Bateman; Cilla Benning; Eleanor M. Campbell; A. Elizabeth Collins; Katherine Finlay; Dulcie Read; Ethel M. Richardson; Marjorie Tate; Helen Griffin; Melba Knickle; Margaret A. MacNaught. Mrs. G. B. Foster presented the prizes to their fortunate winners: highest standing in the senior division: Miss E. Collins; highest standing in the junior division: Miss M. MacNaught; practice of nursing: Miss E. Richardson; operating-room technique and pediatric nursing: Miss K. Finlay. At the close of the exercises Miss A. Kinder received the nurses and their friends at tea and in the evening an enjoyable dance was held in honour of the new graduates. The Alumnae Association of the School of Nursing of the Children's Memorial Hospital gave a tea-dance in honor of the graduating class of 1934, on April 21, when a pleasant afternoon was enjoyed and many an old acquaintance renewed. Mrs. F. McLean of Granby spent a few days in the city recently. We wish Miss A. Woodley, who is at present a patient at the Children's Memorial Hospital, a speedy recovery. Misses J. Smith, K. Churchill, M. Chaulk have returned to Newfoundland. Miss M. Tate has sailed for her home in Clanside, Montego Bay, B.W.I.

SASKATCHEWAN

REGINA: The Regina branch of the Saskatchewan Registered Nurses Association held a Springtime tea on May 5, at the Regina General Hospital. The proceeds will be used toward the expenses of a private duty nurse to be sent as a delegate from the Regina Branch to the Biennial Meeting of the Cana-

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dian Nurses Association in Toronto in June. Miss Nellie Goodman (R.G.H. 1932), has been awarded the scholarship of the Saskatchewan Registered Nurses Association for 1934. She will leave in September for postgraduate study at McGill University, Montreal. The Regina Welfare Bureau arranged its first conference on social work in Regina on May 4. "Child and Family Welfare" and "Public Health and Relief", are the general topics of the two sessions. Miss Ann Morton of Weyburn, Miss Gladys McDonald and Miss Ruby M. Simpson of Regina are the nurses whose names appear on the programme. A two-day maternity institute for nurses has been arranged in Regina under the direction of Miss Ethel Cryderman, Central Supervisor, Victorian Order of Nurses. Miss Eunice Dyke, of Toronto, was a visitor in Saskatoon, Regina and Weyburn during April.

SASKATOON: At the April meeting of the Saskatoon City Hospital Alumnae Association, which was held in the demonstration room of the hospital, Dr. J. A. Valens gave an interesting lecture on Pioneer Medicine in Saskatchewan.

MARRIED: On April 2, 1934, Miss Elizabeth Margaret Beaton (S.C.H. 1930), to Mr. Monty C. Stacey, of Humboldt, Sask.

OBITUARY

ANDERSON—Died at Guelph, March 17, 1934, Mrs. Nellie Anderson (Guelph Hospital, class 1903), after a short illness.

FIFE—Early in April, 1934, at Pasadena, California, Gertrude G. Fife, a member of the class of 1915 of the School of Nursing of Nicholl's Hospital, Peterborough.

FLEMING—On April 6, 1934, at the Cornwall General Hospital, Cornwall, Ontario, Mary A. Fleming, a member of the class of 1911 of the School of Nursing of the Cornwall General Hospital. Miss Fleming was for several years a member of the staff of the Victorian Order of Nurses, and for eight years was night supervisor of the Cornwall General Hospital. At the time of her death she was president of the Alumnae Association and leaves a wide circle of friends who deeply mourn her loss.

GILLILAND—Miss Lela N. E. Gilliland, a member of the class of 1931 of the School of Nursing of the Hamilton General Hospital, passed away at her home in Westdale, on April 11, 1934, at the age of twenty-six years.

We wake and whisper awhile, but the day gone by,
silence and sleep like fields of amaranth lie.
—WALTER DE LA MARE.

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